Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text
California Environmental Protection Agency Reference Number: U-2007-01

Amend sections 15290 and 15400.1. of the California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, part II, articles 6 and 9 to read as follows:

§ 15290. What reports must the CUPA submit to the State?

(a) continued
(b) continued

(c) On a ~~quarterly~~ semi-annual basis, each CUPA shall send information pertaining to local underground storage tank program implementation to the State Water Resources Control Board using Semi-Annual Underground Storage Tank (UST) Program Report, Report 6. This report shall satisfy the requirements of Health and Safety Code, section 25299.7(b) and CCR title 23, section 2713.

(1) ~~Quarterly~~ Semi-Annual Underground Storage Tank (UST) Program Report~~, using Report 6;~~ provides information on ~~quarterly~~ semi-annual changes to the number of regulated tank facilities; the number of active and permanently closed petroleum and ~~hazardous substances~~ non-petroleum tank systems; the number of completed UST facility inspections; ~~and a~~ ~~both a~~ count ~~and percent calculation~~ of active UST ~~systems~~facilities ~~with approved leak detection systems and the count and percent of UST systems that meet the 1998 upgrade or replacement requirements~~ in compliance with release detection and release prevention requirements; and information regarding red tags issued pursuant to CCR, title 23, article 10.5. ~~This report is a turnaround document that is provided quarterly by the State Water Resources Control Board to each CUPA showing the previous quarter's information reported by the CUPA.~~ The CUPA will review and verify the information shown from the previous ~~quarter~~ reporting period and make any appropriate changes.

(2) The ~~quarterly~~ semi-annual reports shall be submitted ~~60 days after the end of each quarter~~ by March 1 and September 1 to the:

State Water Resources Control Board, Division of Water Quality, UST Program, P.O. Box 2231 Sacramento, CA 95812-2231.

(d) continued
(e) continued
(f) continued
(g) continued
(h) continued
(i) continued
(j) continued

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
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Authority cited: Sections 25404(b), (c), (d) and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25299.3(b), 25404(b), (c) and (d), 25404.4(a)(1) and 25404.5(b), Health and Safety Code.

§15400.1. What is the format of the UPCF and its required elements?

(a) The format of the UPCF refers to the way it is organized [see Figure 5]. The UPCF contains the following sections:
(1) Facility Information, to be completed by all regulated businesses:
(A) Business Activities
(B) Business Owner/Operator Identification (OES Form 2730)
(2) Hazardous Materials:
(A) Hazardous Materials Inventory-Chemical Description (OES Form 2731)
(3) Tanks:
(A) Underground Storage Tank Operating Permit Application- ~~(UST)~~ Facility Information ~~(formerly SWRCB Form A)~~
(B) Underground Storage Tank Operating Permit Application ~~UST~~ Tank Information ~~(formerly SWRCB Form B)~~
(C) ~~UST Installation Certificate of Compliance (formerly SWRCB Form C)~~ Underground Storage Tank Certification of Installation/Modification
(D) Underground Storage Tank Monitoring Plan
(4) Hazardous Waste
A) Recyclable Materials Report (per Health and Safety Code, Section 25143.10)
(B) Onsite Hazardous Waste Treatment Notification-Facility (formerly DTSC Form 1772)
(C) Onsite Hazardous Waste Treatment Notification-Unit (formerly DTSC Forms 1772A, B, C, D, E, and L)
(D) Certification of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (formerly DTSC Form 1232)
(E) Remote Waste Consolidation Site Annual Notification (formerly DTSC Form 1196)
(F) Hazardous Waste Tank Closure Certification (formerly DTSC Form 1249)

(b) continued

Authority cited: Sections 25404(b), (c), (d), and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25143.10, 25144.6, 25200.3, 25200.14, 25201, 25201.4.1, 25201.5, 25201.13, 25218.2, 25218.9, 25245.4, 25286, 25287, 25503.5, 25505, 25506 and 25509, Health and Safety Code.

Reports
3, 4, 6

Report 3

UNIFIED PROGRAM
ANNUAL INSPECTION SUMMARY REPORT
27 CCR § 15290

Completed By: _____ (print name)

Date Submitted: _____

Fiscal Year: _____

CUPA Name: _____

Telephone Number: ( ) _____

INSPECTION SUMMARY

PROGRAM ELEMENTS	1 No. of Regulated Businesses *in each Program Element	2 No. of Regulated Businesses Inspected in each Program Element	3 ~~No.~~ Number of Routine Inspections	4 ~~No. of Routine Inspections That Returned to Compliance within Established Standard~~ % of Routine Inspections w/Class I or II violation that RTC w/in 90 Days	5 ~~No.~~ Number of Other Inspections
~~A.~~ Hazardous Materials Release Response Plans (HMRRP)					
~~B.~~ California Accidental Release Prevention (CalARP)					
~~C.~~ Underground Storage Tank (UST) Facilities					
~~D.~~ Aboveground Petroleum Storage Tank (AST) Facilities					
~~E.~~ Hazardous Waste Generators ~~(All)~~					
Generators (ALL)					
~~F. RCRA Large Quantity Generators (LQG) (a subset of E)~~ RCRA Large Quantity Generators					
~~F. RCRA Large Quantity Generators (LQG) (a subset of E)~~ Onsite Hazardous Waste Treatment (PBR, CA, CE)					
~~G. Recyclers~~ Household HW (HHW)					

~~H. Onsite Hazardous Waste Treatment (PBR, CA, CE)~~					
~~I. Permit by Rule (PBR) Household HW (HHW)~~					

~~INDICATORS OF INSPECTION CONSOLIDATION BY INSPECTION CATEGORY:~~	~~6~~ ~~No. of Inspections~~
~~K. Combined Routine Inspections~~	~~_____~~
~~L. Joint Inspections~~	~~_____~~
~~M. Integrated or Multi-Media Inspections~~	~~_____~~

~~OTHER INFORMATION~~	~~7~~ ~~No. of Audits~~
~~N. CalARP Program Risk Management Plan Audits~~	~~_____~~

~~* The Report 3 counts of regulated businesses should be consistent with the counts shown on Report 2.~~

Report 4

UNIFIED PROGRAM
ANNUAL ENFORCEMENT SUMMARY REPORT
27 CCR § 15290

Completed By: _____ (print name)

Date Submitted: _____

Fiscal Year: _____

CUPA Name: _____

Telephone Number: ( ) _____

VIOLATIONS INFORMATION				ENFORCEMENT ACTIONS TAKEN								
PROGRAM ELEMENTS	~~No.~~ Number of Facilities with Violation Type			~~0~~ No. of Informal ~~Enforcement~~ Actions	~~1~~ ~~Total~~ No. of Formal ~~Enforcement~~ Actions ~~Initiated within 135 Days of Inspection or Determining Violation (Class I or Class II only, excluding minor)~~	Number of Local AEOs	~~2 No. of Administ rative Enforce ment Actions~~ Total Number of AEOs	AEOs Issued within 240 Days	~~3 No. of Civil Enforcement Actions and Referrals~~ ~~4No. of Criminal Enforcement Actions and Referrals~~ Number of Civil/Criminal Referrals		~~5~~ ~~Total Fines/ Penalties Assessed~~ Cash Fines/Penalties Imposed	~~6~~ ~~Total Fines/ Penalties Collected~~ Value of SEP Penalties Imposed
	~~1~~ Class I	~~2~~ Class II ~~(excluding minor)~~	~~3~~ Minor ~~4~~ ~~Other~~						Total Number	Referred within 360 Days		
~~A.~~ Hazardous Materials Release Response Plans (HMRRP)												
~~B.~~ California Accidental Release Prevention (CalARP)												
~~C.~~ Underground Storage Tank (UST) Facilities												

~~D.~~ Aboveground Petroleum Storage Tank (AST) Facilities												
~~E.~~ **Hazardous Waste Generators** ~~(All)~~												
Generators (ALL)												
~~F.~~ RCRA Large Quantity Generators (LQG) ~~(a subset of E)~~												
~~G. Recyclers~~ Onsite Hazardous Waste Treatment (PBR, CA, CE)												
~~H. Onsite Hazardous Waste Treatment (PBR, CA, CE)~~ Household Hazardous Waste (HHW)												
~~I. Permit by Rule (PBR) – Household HW (HHW)~~ Recyclers												

~~CUPA~~ UNIFIED PROGRAM REPORT 6 (Side One)

~~QUARTERLY~~ SEMI-ANNUAL UNDERGROUND STORAGE TANK (UST) PROGRAM REPORT

27 CCR §15290 and 23 CCR §2713

AGENCY CODE	REPORT FOR (Reporting Period, Year)
AGENCY NAME	
ADDRESS	
CITY, STATE, ZIP	
PERSON COMPLETING FORM	
PHONE NUMBER	
EMAIL ADDRESS	

~~Report 6~~

~~Quarter:~~	~~To:~~	~~CUPA:~~	
STATUS OR ACTIVITY	~~A. Information as of (Provided quarterly by SWRCB)~~ Column A (1) Total number as of previous reporting period	~~B. Changes this Quarter~~ Column B Number of new facilities or systems this reporting period	Column C Number of facilities or systems permanently closed this reporting period
~~I.~~1. Regulated facilities with UST systems			
~~II.~~2. Active Petroleum UST systems			
~~2A. Active~~			
~~2B. Permanently Closed~~			
~~III~~3. Active ~~Hazardous Substances UST Systems~~ Non-petroleum UST systems			
~~3A. Active~~			
~~3B. Permanently Closed~~			
		Total number this reporting period	
~~IV~~4. ~~Active~~ UST ~~Systems~~ facility inspections ~~with Approved Leak Detection System~~ ~~4a. Percent of active UST systems with approved leak detection systems~~			
~~V. Active UST Systems Meeting 1998 Upgrade/Replacement Requirements~~ ~~5a. percent of active UST systems meeting 1998 requirements~~ a. Facilities in compliance with release detection requirements only			
~~VI. Completed UST Facility Inspections~~ b. Facilities in compliance with release prevention requirements only			
c. Facilities in compliance with both release detection and release prevention requirements			
d. Facilities with one or more violations of both release detection and release prevention requirements			

~~*Information provided by:*~~ ~~*Phone:*~~ ~~*Date:*~~

~~*Comments:*~~

1. If you have any corrections to numbers in Column A, please explain here: ±

{i.e. Row I: -2 [*2 facilities closed*] }

RED TAG ☐ **There were no Red Tags issued during this reporting period.**

~~CUPA~~ UNIFIED PROGRAM REPORT 6 (Side Two)

AGENCY CODE	REPORT FOR (Reporting Period, Year)

5. Number of red tags issued for significant violations		

Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. (**Please note: the Name entry cell below will wrap text so just use commas between name, street, etc, do not hit enter)**

a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				

2. SIGNIFICANT VIOLATION NUMBER ENTERED IS FOR REASON BELOW

1. **liquid release 2. impair leak detection 3. chronic/recalcitrant owner/operator**

Red Tag Information Contact Person (if different from person completing form on Side One)

Name, phone number, and email address

Chapter 1 – Facility Information

California Code of Regulations, title 27, division 3, subdivision 1, chapter 1. Facility Information

1. Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA Identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number usually starts with the letters 'CA'. The number can be obtained from the Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
4	Hazardous Materials On Site	Y or N	1	AN	Business must report that it has hazardous materials on site if: - it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure), - it is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A, - radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with those regulations. Triggers requirement for chemical description data elements.
4a	CalARP Regulated Substances	Y or N	1	AN	Business must report that it has Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP).
5	Own or Operate Underground Storage Tank	Y or N	1	AN	Facility must report if it owns or operates USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST facility and tank data elements.
6	Upgrade/Install Underground Storage Tank	Y or N	1	AN	Facility must report if it intends to install or upgrade USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST installation data elements.
7	Underground Storage Tank Closure	Y or N	1	AN	Facility must report if a UST which held hazardous materials is being closed in place. Triggers requirement for UST closure data elements.
8	Own or Operate Aboveground Petroleum Storage Tank	Y or N	1	AN	Facility must report if it stores petroleum in aboveground tanks. "Petroleum" means crude oil or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2(g)). The facility must report if any ASTs ~~capacity exceeds 660 gallons or if the~~ total facility storage capacity (aggregate) exceeds 1320 gallons. "Storage tank" does not include any of the following: - a pressure vessel or boiler which is subject to Division 5 of the Labor Code, - a storage tank containing hazardous waste if a hazardous waste facilities permit has been issued for the storage tank by DTSC, - an aboveground oil production tank which is regulated by the Division of Oil and Gas, or - certain oil-filled electrical equipment including but not limited

1 Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					to transformers, circuit breakers, or capacitors.
9	Hazardous Waste Generator	Y or N	1	AN	Facility must report if it generates hazardous waste. "Hazardous waste" means a waste that meets any of the criteria for the identification of a hazardous waste adopted by the department pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, RCRA hazardous waste. Unless expressly provided otherwise, the term "hazardous waste" shall be understood to also include extremely hazardous waste and acutely hazardous waste. Triggers requirement to obtain and provide EPA Identification number.
10	Recycle	Y or N	1	AN	Facility must report if it recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption pursuant to HSC.25143.2. This includes onsite and offsite facilities that recycle under this law. Triggers requirement for Recyclable Materials data elements. Persons that send recyclable material offsite to be recycled and that do not recycle onsite are not included in this category.
11	Onsite Hazardous Waste Treatment	Y or N	1	AN	Facility must report if it treats hazardous waste under an onsite tier. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC 25123.5(b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require treatment. Refer to HSC25200.3.1 for specific information. Contact CUPA to determine if any exemptions or exclusions apply. Triggers requirement for onsite hazardous waste treatment data elements.
12	Financial Assurance	Y or N	1	AN	Facilities that treat hazardous waste under PBR or CA tiers are required to provide financial assurance for closure costs (per 22 CCR 67450.13(b), HSC 25245.4), unless they are exempt. Triggers requirement for financial assurance data elements.
13	Remote Waste Consolidation Site	Y or N	1	AN	Facilities must report if they collect hazardous waste initially at remote sites and subsequently transport the hazardous waste to a consolidation site they operate pursuant to HSC 25110.10. Triggers requirement for remote hazardous waste consolidation data elements.
14	Hazardous Waste Tank Closure	Y or N	1	AN	Facilities must report if the tank being closed would be classified as hazardous waste, after its contents are removed. Classification could be based on: - the facility's knowledge of the tank and its contents, - testing of the tank, - inability to remove hazardous materials stored in the tank, - the mixture rule, or - the listed wastes in 40 CFR 261.31, 40 CFR 261.32. Triggers requirement for hazardous waste data elements.
14a	~~RCRA Hazardous Waste Generator~~ RCRA Large Quantity	Y or N	1	AN	Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any

1 Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Generator (LQG)				time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.
14b	HHW Collection	Y or N	1	AN	Facilities must report if they collect hazardous waste as a Household Hazardous Waste (HHW) Collection site.
15	Local Requirements				For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Business Owner / Operator Identification (~~OES Form 2730~~)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
100	Beginning Date	YYYYMMDD	8	D	Beginning year and date of report.
101	Ending Date	YYYYMMDD	8	D	Ending year and date of report.
102	Business Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of this site.
102a	Business Fax	Area code + 7 digit phone number + extension	15	AN	Fax number of this site.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
105	Zip Code (Business)	Postal standard	9	AN	Zip code of business site.
106	Dun & Bradstreet	D-U-N-S (data universal numbering system) 9 digit number	9	AN	Dun & Bradstreet D-U-N-S number for facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107	SIC Code	Standard Industrial Classification (SIC) Code 4 digit number	4	AN	Standard Industrial Classification (SIC) Code number for primary business activity. If code is more than 4 digits, report only the first four.
107a	NAICS Code	North American Industrial Classification System (NAICS) Number	6	AN	Standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. Will replace SIC Code.
108	County		20	AN	County in which business site is located.
108a	Business Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of business, if different from business site address.
108b	Business City	Postal standard	20	AN	City for business mailing address.
108c	Business State	Postal standard	2	AN	State for business mailing address.

Business Owner / Operator Identification ~~(OES Form 2730)~~					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
108d	Business Zip Code	Postal standard	9	AN	Zip code for business mailing address.
109	Business Operator Name		35	AN	Name of business operator.
110	Business Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business operator, if different from business phone.
111	Business Owner Name		35	AN	Name of business owner, if different from business operator.
112	Business Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business owner, if different from business phone.
113	Business Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of owner, if different from business site address.
114	Business Owner City	Postal standard	20	AN	City for owner's mailing address.
115	Business Owner State	Postal standard	2	AN	State for owner's mailing address.
116	Business Owner Zip Code	Postal standard	9	AN	Zip code for owner's mailing address.
117	Environmental Contact Name		35	AN	Name of person, if different from the business owner/operator, who receives all environmental correspondence and will respond to enforcement activity.
118	Environmental Contact Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of environmental contact, if different from business owner or operator.
119	Environmental Contact Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address for all environmental contact correspondence, if different from the site address.
119a	Environmental Contact Email Address		70	AN	Emailing address for all environmental contact correspondence.
120	Environmental Contact City	Postal standard	20	AN	City for environmental contact's mailing address.
121	Environmental Contact State	Postal standard	2	AN	State for environmental contact's mailing address.
122	Environmental Contact Zip Code	Postal standard	9	AN	Zip code for environmental contact's mailing address.
123	Primary Emergency Contact Name		35	AN	Name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124	Primary Emergency Contact Title		35	AN	Title of primary emergency contact.
125	Primary Emergency Contact Business Phone Number	Area code + 7 digit phone number + extension	15	AN	Business phone number of primary emergency contact.
126	Primary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for primary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
127	Primary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for primary emergency contact, if available.
128	Secondary Emergency Contact Name		35	AN	Name of secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and

Business Owner / Operator Identification (~~OES Form 2730~~)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					authority to make decisions for the business regarding incident mitigation.
129	Secondary Emergency Contact Title		35	AN	Title of secondary emergency contact.
130	Secondary Emergency Contact Business Phone	Area code + 7 digit phone number + extension	15	AN	Business phone number of secondary emergency contact.
131	Secondary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for secondary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
132	Secondary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for secondary emergency contact, if available.
133	Additional Locally Collected Information	Narrative	255	AN	For local use only. This space may be used for CUPAs or agencies authorized by the Secretary pursuant to HSC 25404.3(f)(2) to collect any additional information necessary to meet the requirements of their individual programs. Contact local agency for guidance.
134	Date Identification Signed	YYYYMMDD	8	D	Date the document was signed.
135	Document Preparer Name (Identification)		35	AN	Full name of person who prepared the submittal information.
136	Name of Signer of Identification		35	AN	Full name of person signing the page. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137	Title of Signer of Identification		35	AN	Title of person signing the page.

Chapter 2 – Hazardous Materials

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (~~OES Form 2731~~)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
200	Add / Delete / Revise	a = add d = delete r = revise	1		Indicates if material is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. Not required for electronic data collection. NOTE: This field may be empty if entire inventory is resubmitted annually.
201	Chemical Location (Inventory)	Narrative	140	AN	Building or outside/adjacent area where hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, may be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
202	Chemical Location Confidential - EPCRA	Y or N	1	AN	If the business is subject to the Emergency Planning and Community Right to Know Act (EPCRA) this field indicates whether the business wishes to keep chemical location information confidential.
203	Map Number	Optional field	15	AN	If a map is included, number of map on which the location of the hazardous material is shown.
204	Grid Number	Optional field	15	AN	If grid coordinates are used, coordinates of map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205	Chemical Name	Narrative	60	AN	Proper chemical name associated to the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the □common name" field instead.
206	Trade Secret	Y or N	1	AN	Indicates if information in this section is declared a trade secret. If business is not subject to EPCRA, trade secret information is bound by State requirements, as defined in HSC 25511. If business is subject to EPCRA, trade secret information is bound by Federal requirements, as defined in 40 CFR and business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207	Common Name (Inventory)		60	AN	Common name or trade name of hazardous material or mixture containing a hazardous material.
208	EHS	Y or N	1	AN	Indicates if hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR Part 355, Appendix A. If the material is a mixture containing an EHS, do not complete this field; report on the individual hazardous components in the appropriate section below.
209	CAS #	Chemical Abstract Service number	15	AN	Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS # of the mixture if it has been assigned a number distinct

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2731)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					from its components. If the mixture has no CAS #, do not complete this field; report the CAS #s of the individual hazardous components in the appropriate section below.
210	Fire Code Hazard Classes	Narrative	60	AN	May be required by the CUPA. Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. A list of the various hazard classes and instructions on how to determine which class a material falls under are included in the appendices of the Uniform Fire Code Article 80. If a material has more than one applicable hazard class, include all. Contact CUPA for guidance.
211	Hazardous Material Type (Inventory)	a = pure b = mixture c = waste	1	AN	Type of hazardous material. If waste material, check only that box. If mixture or waste, complete the individual hazardous components section below.
212	Radioactive	Y or N	1	AN	Indicates whether the hazardous material stored is radioactive.
213	Curies	9 digits with floating decimal	10	N	Activity in curies if the hazardous materials stored is radioactive.
214	Physical State	a = solid b = liquid c = gas	1	AN	Physical state of the hazardous material stored.
215	Largest Container	Maximum 13 digit number, report units in item 221.	13	N	Total capacity of largest container in which material is stored.
216a	Federal Hazard Category = fire	Y or N	1	AN	Physical and health hazards associated with hazardous material. FIRE: Flammable liquids and solids, combustible liquids, pyrophorics, oxidizers.
216b	Federal Hazard Category = reactive	Y or N	1	AN	Physical and health hazards associated with hazardous material. REACTIVE: Unstable reactive, organic peroxides, water reactive, radioactive.
216c	Federal Hazard Category = pressure release	Y or N	1	AN	Physical and health hazards associated with hazardous material. PRESSURE RELEASE: Explosives, compressed gases, blasting agents.
216d	Federal Hazard Category = acute health	Y or N	1	AN	Physical and health hazards associated with hazardous material. ACUTE HEALTH (Immediate): Highly toxic, toxic, irritants, sensitizers, corrosives, other hazardous chemicals with an adverse effect with short term exposure.
216e	Federal Hazard Category = chronic health	Y or N	1	AN	Physical and health hazards associated with hazardous material. CHRONIC HEALTH (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.
217	Average Daily Amount	Maximum 15 digit number. This amount should be consistent with the units reported in item 221. NOTE: This amount should not exceed that of maximum daily amount.	15	N	Average daily amount of hazardous material or mixture containing a hazardous material in each building or adjacent/outside area. Calculations are based on previous year's inventory of material reported on this page by totaling all daily amounts and dividing by the number of days the chemical will be present on the site. If this is a material that has not previously been present at this location the amount is the average daily amount projected to be on hand during the course of the year.
218	Maximum Daily Amount	Maximum 15 digit number.	15	N	Maximum amount of each hazardous material or

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (~~OES Form 2731~~)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		This amount should be consistent with the units reported in item 221.			mixture containing a hazardous material handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year.
219	Annual Waste Amount	Maximum 15 digit number	15	N	Estimate of annual amount handled, if the hazardous material is a waste.
220	State Waste Code	California 3-digit hazardous code	3	AN	California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest, if the hazardous material is a hazardous waste.
221	Units (Inventory)	a = cubic feet b = pounds c = tons d = gallons	1	AN	Unit of measure which is most appropriate for the material being reported on this page. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222	Days on Site		3	N	Total number of days during the year material is on site.
223a	Storage Container = aboveground tank	Y or N	1	AN	Type of storage container in which hazardous material is stored.
223b	Storage Container = underground tank	Y or N	1	AN	See description in item 223a above.
223c	Storage Container = tank inside building	Y or N	1	AN	See description in item 223a above.
223d	Storage Container = steel drum	Y or N	1	AN	See description in item 223a above.
223e	Storage Container = plastic / nonmetallic drum	Y or N	1	AN	See description in item 223a above.
223f	Storage Container = can	Y or N	1	AN	See description in item 223a above.
223g	Storage Container = carboy	Y or N	1	AN	See description in item 223a above.
223h	Storage Container = silo	Y or N	1	AN	See description in item 223a above.
223i	Storage Container = fiber drum	Y or N	1	AN	See description in item 223a above.
223j	Storage Container = bag	Y or N	1	AN	See description in item 223a above.
223k	Storage Container = box	Y or N	1	AN	See description in item 223a above.
223l	Storage Container = cylinder	Y or N	1	AN	See description in item 223a above.
223m	Storage Container = glass bottle	Y or N	1	AN	See description in item 223a above.
223n	Storage Container = plastic bottle	Y or N	1	AN	See description in item 223a above.
223o	Storage Container = tote bin	Y or N	1	AN	See description in item 223a above.

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description ~~(OES Form 2731)~~					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
223p	Storage Container = tank truck, tank wagon	Y or N	1	AN	See description in item 223a above.
223q	Storage Container = tank car, rail car	Y or N	1	AN	See description in item 223a above.
223r	Storage Container = other	Narrative	30	AN	See description in item 223a above.
224	Storage Pressure	a = ambient b = below ambient c = above ambient	1	AN	Pressure at which hazardous material is stored.
225	Storage Temperature	a = ambient b = below ambient c = above ambient d = cryogenic	1	AN	Temperature at which hazardous material is stored.
226	Hazardous Component 1 Percent by Weight	2.2 (implied decimal)	4	N	Percentage weight of hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range.
227	Hazardous Component 1 Name	Narrative	80	AN	Chemical name of hazardous component in a mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, the business may submit an additional sheet of paper to capture the required information. Information on more than five components is not submitted electronically unless the CUPA has established local standards. When reporting a waste mixture, mineral and chemical composition should be listed.
228	Hazardous Component 1 EHS	Y or N	1	AN	Indicates if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR Part 355.
229	Hazardous Component 1 CAS #		15	AN	Chemical Abstract Service (CAS) number related to hazardous component in the mixture.
230	Hazardous Component 2 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
231	Hazardous Component 2 Name		80	AN	See description in item 227.
232	Hazardous Component 2 EHS	Y or N	1	AN	See description in item 228.
233	Hazardous Component 2 CAS #		15	AN	See description in item 229.
234	Hazardous Component 3 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
235	Hazardous Component 3 Name		80	AN	See description in item 227.
236	Hazardous Component 3 EHS	Y or N	1	AN	See description in item 228.
237	Hazardous Component 3 CAS #		15	AN	See description in item 229.

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (~~OES Form 2731~~)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
238	Hazardous Component 4 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
239	Hazardous Component 4 Name		80	AN	See description in item 227.
240	Hazardous Component 4 EHS	Y or N	1	AN	See description in item 228.
241	Hazardous Component 4 CAS #		15	AN	See description in item 229.
242	Hazardous Component 5 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
243	Hazardous Component 5 Name		80	AN	See description in item 227.
244	Hazardous Component 5 EHS	Y or N	1	AN	See description in item 228.
245	Hazardous Component 5 CAS #		15	AN	See description in item 229.
If more than five hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, the information is not submitted electronically unless the CUPA has established local data standards.					
246	Additional Locally Collected Information		255	AN	For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Chapter 3 – Tanks

California Code of Regulations, title 27, division 3, subdivision 1, chapter 3. Tanks

Chapter 3. UNDERGROUND STORAGE TANKS A. UST Operating Permit Application Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
400	Type of Action ~~(Tank Facility)~~	1 = new ~~site~~ permit 3 = renewal permit ~~4 = amended permit~~ 5 = change of information 6 = temporary ~~site~~ facility closure 7 = permanently ~~closed site~~ facility closure ~~8 = tank removed~~ 9. Transfer Permit	1	AN	Reason page is being submitted.
~~401~~	~~Nearest Cross Street~~		~~35~~	~~AN~~	~~Name of cross street nearest to site of the tank.~~
~~402~~	~~Facility Owner Type~~	~~1 = corporation~~ ~~2 = individual~~ ~~3 = partnership~~ ~~4 = local agency / district~~ ~~5 = county agency~~ ~~6 = state agency~~ ~~7 = federal agency~~	~~1~~	~~AN~~	~~Type of business ownership.~~
403	Facility ~~Business~~ Type (UST ~~Tank~~ Facility)	1 = ~~gas station~~ motor vehicle fueling 2 = ~~distributor~~ fuel distribution 3 = farm 4 = processor ~~5 = commercial~~ 6 = other	1	AN	Type of ~~business~~ UST facility.
404	Total Number of ~~Tanks Remaining~~ USTs at ~~Site~~ Facility ~~(Tank Facility)~~		4	N	Number of ~~tanks~~ USTs remaining on the site after requested action.
405	Indian or Trust Land	Y or N ~~1=Yes~~ ~~2=No~~	1	AN	Indicates if facility is located on Indian reservation or other trust lands.
406	~~Public Agency~~ Supervisor ~~Name~~ of Division, Section, or Office (Required for Public Agencies Only)		35	AN	Contact person for tank records, if facility owner is a public agency.
407	Property Owner Name		35	AN	Name of property owner. ~~, if different from business owner on Business Owner/Operator page~~.

Chapter 3. UNDERGROUND STORAGE TANKS A. UST Operating Permit Application-Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
408	Property Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of property owner.~~, if different from business owner~~.
409	Property Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	~~Street or~~ Mailing address of property owner.~~, if different from business owner~~.
410	Property Owner City	Postal standard	20	AN	City of property owner~~, if different from business owner~~.
411	Property Owner State	Valid 2-digit state code	2	AN	State of property owner~~, if different from business owner~~.
412	Property Owner Zip Code	Postal standard	9	AN	Zip code of property owner~~, if different from business owner~~.
~~413~~	~~Property Owner Type~~	~~1 = corporation~~ ~~2 = individual~~ ~~3 = partnership~~ ~~4 = local agency / district~~ ~~5 = county agency~~ ~~6 = state agency~~ ~~7 = federal agency~~	~~1~~	~~AN~~	~~Type of property ownership.~~
414	Tank Owner Name ~~(Facility)~~		35	AN	Name of tank owner~~, if different from business owner on Business Owner/Operator page~~.
415	Tank Owner Phone ~~(Facility)~~	Area code + 7 digit phone number + extension	15	AN	Phone number of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
416	Tank Owner Mailing Address ~~Street (Facility)~~	Postal standard: 2 lines, 35 characters	70	AN	~~Street or m~~Mailing address of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
417	Tank Owner City ~~(Facility)~~	Postal standard	20	AN	City of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page..
418	Tank Owner State ~~(Facility)~~	Valid 2-digit state code	2	AN	State of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
419	Tank Owner Zip Code ~~(Facility)~~	Postal standard	9	AN	Zip code of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
420	Tank Owner Type	~~1 = corporation / LLC~~ ~~2 = individual~~ ~~3 = partnership~~ 4 = local agency / district 5 = county agency 6 = state agency 7 = federal agency 8 = non-government	1	AN	Type of ~~tank~~ UST owner~~ship~~.
421	BOE Number	BOE 8 digit number, first two digits = 44	8	AN	Board of Equalization (BOE) UST storage fee account number. This number is required before a permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the $0.01~~2~~ 4 per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the

Chapter 3 UNDERGROUND STORAGE TANKS A. UST Operating Permit Application Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					BOE at (916) 322-9669 or write to the BOE at the following address: State Board of Equalization Fuel ~~Taxes Division~~ Industry Section, MIC:30 P.O. Box 942879 Sacramento, CA 94279-0030
422-1	Petroleum UST Financial Responsibility Code = self-insured	Y or N	1	AN	Method(s) used by owner and/or operator in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.
422-2	Petroleum UST Financial Responsibility Code = guarantee	Y or N	1	AN	See description in item 422-1.
422-3	Petroleum UST Financial Responsibility Code = insurance	Y or N	1	AN	See description in item 422-1.
422-4	Petroleum UST Financial Responsibility Code = surety bond	Y or N	1	AN	See description in item 422-1.
422-5	Petroleum UST Financial Responsibility Code = letter of credit	Y or N	1	AN	See description in item 422-1.
422-6	Petroleum \UST Financial Responsibility Code = exemption	Y or N	1	AN	See description in item 422-1.
~~422-7~~	~~Petroleum UST Financial Responsibility Code = State Fund~~	~~Y or N~~	~~1~~	~~AN~~	~~See description in item 422-1.~~
422-8	Petroleum UST Financial Responsibility Code = State Fund and CFO letter	Y or N	1	AN	See description in item 422-1.
422-9	Petroleum UST Financial Responsibility Code = State Fund and CD	Y or N	1	AN	See description in item 422-1.
422-10	Petroleum UST Financial Responsibility Code = local government mechanism	Y or N	1	AN	See description in item 422-1.
422-99	Petroleum UST Financial Responsibility Code = other	Narrative	30	AN	See description in item 422-1.
423	~~Notification Address~~	1 = facility owner ~~address~~	1	AN	~~Address~~ Party to ~~which~~ whom UST permit is to be

Chapter 3 UNDERGROUND STORAGE TANKS A. UST Operating Permit Application-Facility Information ~~Page~~					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Permit Holder Information	~~2 = property owner address~~ 3 = tank owner ~~address~~ 4 = tank operator 5 = facility operator			issued and legal notifications and mailings should be sent.
424	Date Certified (UST ~~Tank~~-Facility)	~~YYYYMMDD~~ **~~MMDDYYY~~** **YYYYMMDD**	8	D	Date the page was signed.
425	Applicant Phone (UST ~~Tank~~-Facility)	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
426	Applicant Name (UST ~~Tank~~-Facility)		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete. The applicant may be the Owner/Operator or officially designated representative.
427	Applicant Title (UST ~~Tank~~-Facility)		35	AN	Title of person signing the page.
~~428~~	~~State UST Facility Number~~	~~2 AN county~~ ~~3 AN jurisdiction~~ ~~6 AN facility number~~	~~11~~	~~AN~~	~~For local use only. County and jurisdiction number from tax code list. This number may be the same as the Facility ID number.~~
~~429~~	~~1998 Upgrade Certificate Number~~		~~6~~	~~AN~~	~~For local use only. The State Water Resources Control Board 1998 Upgrade Certificate Number for the facility.~~
~~TO1~~ 428-1	Tank Operator Name		35	AN	Name of UST operator.
~~TO2~~ 428-2	Tank Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of UST operator, if different from business owner on UPCF Business Owner/Operator Identification page.
~~TO3~~ 428-3	Tank Operator Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of UST operator, if different from business owner.
~~TO4~~ 428-4	Tank Operator City	Postal standard	20	AN	City of UST operator, if different from business owner.
~~TO5~~ 428-5	Tank Operator State	Valid 2-digit state code	2	AN	State of UST operator, if different from business owner.
~~TO6~~ 428-6	Tank Operator Zip Code	Postal standard	9	AN	Zip code of UST operator, if different from business owner.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county- 3 AN jurisdiction 6 AN facility number.	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
430	Type of Action (UST Tank ~~Unit~~)	1 = new ~~site~~ permit 3 = renewal permit ~~4 = amended permit~~ 5 = change of information 6 = temporary ~~site~~ UST closure 7 = UST permanently closu~~reed~~ on site 8 = ~~tank~~ UST remova~~led~~	1	AN	Reason page is being submitted.
430-a	Date UST Permanently Closed	~~MMDDYYYY~~ YYYYMMDD	8	D	Date the UST was permanently closed.
430-b	Date Existing UST Discovered	~~MMDDYYYY~~ YYYYMMDD	8	D	Date the existing UST was discovered.
~~431~~	~~Location Within Site (Tank Unit)~~		~~70~~	~~AN~~	~~Optional. Location of tank within site.~~
432	Tank ID # ~~(Tank Unit)~~		6	AN	~~Owner's tank ID #.~~ This is a unique tank number used by the owner and Local Agency to identify the tank. The Local Agency will assign the Tank ID# as the permanent State tank identification number.
433	Tank Manufacturer		30	AN	Name of company that manufactured tank.
434	~~Compartmentalized Tank Number of Tank Units~~ Tank Configuration	~~Y or N~~ 1= A stand-alone tank 2= One in a compartmented unit, ~~of two or more compartments.~~	1	AN	Indicates ~~whether~~ if the tank is a stand-alone tank or ~~one of two or more compartments~~ is part of a compartmented unit, ~~within a single secondary containment unit.~~ ~~compartmentalized.~~ Each compartment is considered a separate tank and requires the completion of separate tank forms ~~pages~~.
435	Date UST System ~~Tank~~ Installed	YYYYMM ~~MMYYYY~~	6	D	Year and month the tank installation was completed.
436	Tank Capacity In Gallons		7	N	~~Tank capacity in~~ The number of gallons the tank will hold.
437	Number of ~~Tank~~ Compartments In the Unit		2	AN	Number of compartments within a single secondary containment unit if more than one. ~~in~~

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					compartmentalized tank.
438 438	Additional Description Additional Description	Narrative Narrative	70 70	AN AN	For local use only. Additional tank or location description/information. For local use only. Additional tank or location description/information.
439	Tank Use	01a = motor vehicle fueling 1b = marina fueling 1c = aviation fueling 02 = non-fuel petroleum 03 = chemical product storage 04 = hazardous waste (includes used oil) 05 = emergency generator fuel 06 = other generator fuel 95 = unknown 99 = other	2	AN	Type of hazardous materials stored. Activity that the tank use supports.
439a	Specify Other	Narrative	15	AN	Specify other tank use.
440	Tank Contents Petroleum Type	1a = regular unleaded 1b = premium unleaded 1c = midgrade unleaded 02 = leaded 03 = diesel 04 = gasohol 05 = jet fuel 06 = aviation gas 07 = used oil 08 = petroleum blend fuel 09 = other petroleum 10 = ethanol 99 11 = other non-petroleum	2	AN	Type of fuel if tank stores vehicle fuel. Substance stored in UST.
440a	Specify Other Petroleum	Narrative	15	AN	Specify other petroleum contents.
440b	Specify Other Non-Petroleum	Narrative	15	AN	Specify other Non-petroleum contents.
441	Common Name (Tank Unit)		30	AN	Common name of substance stored. Same as on Hazardous Materials Inventory - Chemical Description page.
442	CAS # (Tank Unit)		15	AN	CAS # of chemical stored in UST. Same as the CAS # on the Hazardous Material Inventory - Chemical Description page.
443	Type of Tank	01 = single wall 02 = double wall 03 = single wall w/ exterior membrane liner 04 = single wall in a vault 05 = single wall w/ internal bladder system 95 = unknown	2	AN	Type of tank construction.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		~~99 = other~~			
444	Tank Primary Containment Construction ~~Tank Material (primary tank)~~	01 = ~~bare~~ steel ~~02 = stainless steel~~ 03 = fiberglass ~~/ plastic~~ ~~04 = steel clad w/ fiberglass reinforced plastic (frp)~~ ~~05 = concrete~~ 06 = internal bladder 07 = steel + internal lining ~~08 = frp compatible w/ 100% methanol~~ 95 = unknown 99 = other	2	AN	Construction material of the primary tank.
444a	Specify Other	Narrative	15	AN	Specify other construction of the primary containment.
445	Tank Secondary Containment Construction ~~Tank Material (secondary tank)~~	01 = ~~bare~~ steel ~~02 = stainless steel~~ 03 = fiberglass ~~/ plastic~~ ~~04 = steel clad w/ fiberglass reinforced plastic (frp)~~ ~~05 = concrete~~ 06 = exterior membrane liner 07 = jacketed ~~08 = frp compatible w/ 100% methanol~~ ~~09 = frp non-corrodible jacket~~ ~~10 = coated steel~~ 90 = none 95 = unknown 99 = other	2	AN	Construction material of the secondary tank.
445a	Specify Other	Narrative	15	AN	Specify other construction of the primary containment.
~~446~~	~~Tank Interior Lining or Coating~~	~~01 = rubber lined~~ ~~02 = alkyd lining~~ ~~03 = epoxy lining~~ ~~04 = phenolic lining~~ ~~05 = glass lining~~ ~~06 = unlined~~ ~~95 = unknown~~ ~~99 = other.~~	~~2~~	~~AN~~	~~Construction material of the interior lining or coating.~~
~~447~~	~~Date Tank Interior Lining Installed~~	~~YYYYMMDD~~	~~8~~	~~N~~	~~For local use only. Date interior lining or coating installed.~~
448	Steel Component ~~Other Tank Corrosion~~ Protection	~~01 = manufactured cathodic protection~~ 02 = sacrificial anode(s) ~~03 = fiberglass reinforced plastic (frp)~~ 04 = impressed current 06 = isolation 90 = none ~~95 = unknown~~ ~~99 = other~~	2	AN	Other tank corrosion protection methods, if applicable.
~~449~~	~~Date Tank Corrosion Protection Installed~~	~~YYYYMMDD~~	~~8~~	~~N~~	~~For local use only. Date tank corrosion protection installed.~~
~~450-1~~	~~Year Spill and~~	~~YYYY~~	~~4~~	~~N~~	~~Year spill containment installed.~~

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	~~Overfill Installed = spill containment~~				
~~450-2~~	~~Year Spill and Overfill Installed = drop tube~~	~~YYYY~~	~~4~~	~~N~~	~~Year drop tube installed.~~
~~450-3~~	~~Year Spill and Overfill Installed = striker plate~~	~~YYYY~~	~~4~~	~~N~~	~~Year striker plate installed.~~
	Fill Components		1	AN	Indicates that spill buckets are installed.
451-a	1. spill bucket installed	Y or N			
451-b	3. striker plate / bottom protector installed	Y or N	1	AN	Indicates that a striker plate or bottom protector has been installed.
451-c	4 containment sump	Y or N	1	AN	Indicates that the fill has a containment sump
~~451-1~~	~~Type of Spill Protection = spill containment~~	~~Narrative~~	~~15~~	~~AN~~	~~For local use only. Type of tank spill protection.~~
~~451-2~~	~~Type of Spill Protection = drop tube~~	~~Narrative~~	~~15~~	~~AN~~	~~For local use only. Type of tank spill protection.~~
~~451-3~~	~~Type of Spill Protection = striker plate~~	~~Narrative~~	~~15~~	~~AN~~	~~For local use only. Type of tank spill protection.~~
452	Overfill Prevention	01 = audible & visual alarms 02 = Ball float 03 = fill tube shut-off valve 04 = exempt	2	AN	Overfill prevention hardware installed in UST system.
~~452-1~~	~~Year Overfill Protection Equipment Installed = alarm~~	~~YYYY~~	~~4~~	~~N~~	~~Year alarm installed.~~
~~452-2~~	~~Year Overfill Protection Equipment Installed = ball float~~	~~YYYY~~	~~4~~	~~N~~	~~Year ball float installed.~~
~~452-3~~	~~Year Overfill Protection Equipment Installed = fill tube shut off valve~~	~~YYYY~~	~~4~~	~~N~~	~~Year fill tube shut off valve installed.~~
~~452-4~~	~~Overfill Protection Equipment = exempt~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates exemption from overfill protection.~~
~~453-1~~	~~Tank Leak Detection (Single Wall) = visual (exposed portion only)~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-2~~	~~Tank Leak Detection (Single Wall) = automatic tank gauging (ATG)~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
~~453-3~~	~~Tank Leak Detection (Single Wall) = continuous ATG~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-4~~	~~Tank Leak Detection (Single Wall) = statistical inventory reconciliation (SIR) + biennial tank testing~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-5~~	~~Tank Leak Detection (Single Wall) = manual tank gauging (MTG)~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-6~~	~~Tank Leak Detection (Single Wall) = vadose zone~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-7~~	~~Tank Leak Detection (Single Wall) = groundwater~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-8~~	~~Tank Leak Detection (Single Wall) = tank testing~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~453-99~~	~~Tank Leak Detection (Single Wall) = other~~	~~Narrative~~	~~30~~	~~AN~~	~~Type of tank leak detection.~~
~~454-1~~	~~Tank Leak Detection (Double Wall) = visual (single wall in vault only)~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~454-2~~	~~Tank Leak Detection (Double Wall) = continuous interstitial monitoring~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~454-3~~	~~Tank Leak Detection (Double Wall) = manual monitoring~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of tank leak detection.~~
~~455~~	~~Estimated Date Last Used~~	~~YYYYMMDD~~	~~8~~	~~D~~	~~Date tank last used (for closure in place).~~
~~456~~	~~Estimated Quantity of Substance Remaining in Tank~~		~~7~~	~~N~~	~~Estimated quantity of hazardous substance remaining in gallons (for closure in place).~~
~~457~~	~~Tank Filled with Inert Material~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates whether tank was filled with an inert material prior to closure (for closure in place).~~
458	Piping System Type	01 = pressure 02 = gravity 03 = conventional suction 04 = 23 CCR §2636(a)(3) suction	2	AN	Type of underground piping system.
~~458-1~~	~~Piping System Type (Underground) = pressure~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping system.~~
~~458-2~~	~~Piping System Type (Underground) =~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping system.~~

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	~~suction~~				
~~458-3~~	~~Piping System Type (Underground) = gravity~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping system.~~
~~459-1~~	~~Piping System Type (Aboveground) = pressure~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping system.~~
~~459-2~~	~~Piping System Type (Aboveground) = suction~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping system.~~
~~459-3~~	~~Piping System Type (Aboveground) = gravity~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping system.~~
~~460-1~~ 460	~~Piping Construction (Underground) = single-wall~~ Piping Construction	~~Y or N~~ 1= Single-walled 2= Double-walled 99 = Other	~~1~~ 2	~~AN~~ AN	~~Type of underground piping construction.~~ Type of underground piping construction.
~~460-2~~	~~Piping Construction (Underground) = double-wall~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping construction.~~
~~460-3~~	~~Piping Construction (Underground) = lined trench~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping construction.~~
~~460-95~~	~~Piping Construction (Underground) = unknown~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping construction.~~
~~460-99~~	~~Piping Construction (Underground) = other~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of underground piping construction.~~
~~461~~	~~Piping Manufacturer (Underground)~~	~~Narrative~~	~~30~~	~~AN~~	~~Name of underground piping manufacturer.~~
~~462-1~~	~~Piping Construction (Aboveground) = single-wall~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping construction.~~
~~462-2~~	~~Piping Construction (Aboveground) = double-wall~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping construction.~~
~~462-95~~	~~Piping Construction (Aboveground) = unknown~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping construction.~~
~~462-99~~	~~Piping Construction (Aboveground) = other~~	~~Y or N~~	~~1~~	~~AN~~	~~Type of aboveground piping construction.~~
~~463~~	~~Piping Manufacturer (Aboveground)~~	~~Narrative~~	~~30~~	~~AN~~	~~Name of aboveground piping manufacturer.~~
464	Product/Waste Piping Primary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic	2	AN	Construction material of the primary product/waste piping.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		90 = none 95 = unknown 99 = other			
464a	Specify Other	Narrative	15	AN	Describe other construction material for the primary containment.
464b	Product/Waste Piping Secondary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	Construction material of the secondary product/waste piping.
464c	Specify Other	Narrative	15	AN	Describe other construction.
464d	Piping/Turbine Containment Sump	01 = Single-walled 02 = Double-walled 03 = None	2	AN	Designates type of Turbine Containment Sump
464e	Vent Piping Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary vent piping.
464e1	Specify other vent primary containment construction	Narrative	15	AN	Describe other vent primary containment construction material.
464f	Vent Piping Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the secondary vent piping.
464f1	Specify other vent secondary containment construction	Narrative	15	AN	Describe other vent secondary containment construction material.
464g	Vapor Recovery Piping Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary vapor recovery piping.
464g1	Specify other vapor recovery primary containment construction	Narrative	15	AN	Describe other vapor recovery primary containment construction material.
464h	Vapor Recovery Piping Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the secondary vapor recovery piping.
464h1	Specify other vapor recovery secondary containment construction	Narrative	15	AN	Describe other vapor recovery secondary containment construction material.
464i	Vent Piping Transition Sumps	01 = Single-walled 02 = Double-walled 03 = None	2	AN	Type of Vent piping transition sumps.
464j	Riser Pipe Primary Containment	01 = steel 04 = fiberglass	2	AN	Construction material of the primary riser piping.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Construction	10 = rigid plastic 90 = none 99 = other			
464j1	Specify other riser pipe primary containment construction	Narrative	15	AN	Describe other riser pipe primary containment construction material.
464k	Riser Pipe Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the riser pipe secondary containment.
464k1	Specify other riser pipe secondary containment construction	Narrative	15	AN	Describe other riser pipe secondary containment construction material.
~~464-1~~	~~Piping Material and Corrosion Protection (Underground) = bare steel~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-2~~	~~Piping Material and Corrosion Protection (Underground) = stainless steel~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-3~~	~~Piping Material and Corrosion Protection (Underground) = plastic compatible with contents~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-4~~	~~Piping Material and Corrosion Protection (Underground) = fiberglass~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-5~~	~~Piping Material and Corrosion Protection (Underground) = steel w/ coating~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-6~~	~~Piping Material and Corrosion Protection (Underground) = frp compatible w/ 100% methanol~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-7~~	~~Piping Material and Corrosion Protection (Underground) = galvanized steel~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-8~~	~~Piping Material and Corrosion Protection (Underground) = flexible (HDPE - high density polyethylene)~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-9~~	~~Piping Material and Corrosion Protection (Underground) = cathodic protection~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of underground piping.~~
~~464-95~~	~~Piping Material and~~	~~Y or N~~	~~1~~	~~AN~~	~~Construction material and/or corrosion protection of~~

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Corrosion Protection (Underground) = unknown				underground piping.
464-99	Piping Material and Corrosion Protection (Underground) = other	Y or N	1	AN	Construction material and/or corrosion protection of underground piping.
465-1	Piping Material and Corrosion Protection (Aboveground) = bare steel	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-2	Piping Material and Corrosion Protection (Aboveground) = stainless steel	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-3	Piping Material and Corrosion Protection (Aboveground) = plastic compatible with contents	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-4	Piping Material and Corrosion Protection (Aboveground) = fiberglass	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-5	Piping Material and Corrosion Protection (Aboveground) = steel w/ coating	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-6	Piping Material and Corrosion Protection (Aboveground) = frp compatible w/ 100% methanol	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-7	Piping Material and Corrosion Protection (Aboveground) = galvanized steel	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-8	Piping Material and Corrosion Protection (Aboveground) = flexible (HDPE - high density polyethylene)	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-9	Piping Material and Corrosion Protection (Aboveground) = cathodic protection	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-95	Piping Material and Corrosion Protection (Aboveground) = unknown	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.
465-99	Piping Material and Corrosion Protection (Aboveground) = other	Y or N	1	AN	Construction material and/or corrosion protection of aboveground piping.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
466-1	Piping Leak Detection (Underground - single-wall) = electronic line leak detector + auto shutoff + alarms	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-2	Piping Leak Detection (Underground - single-wall) = monthly 0.2 gph test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-3	Piping Leak Detection (Underground - single-wall) = annual integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-5	Piping Leak Detection (Underground - single-wall) = daily visual monitoring + triennial integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-7	Piping Leak Detection (Underground - single-wall) = self monitoring	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-9	Piping Leak Detection (Underground - single-wall) = biennial integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-10a	Piping Leak Detection (Underground - secondarily contained) = sump sensor + alarms + auto shutoff for leaks	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-10b	Piping Leak Detection (Underground - secondarily contained) = sump sensor + alarms + auto shutoff for leaks, failure, and disconnect	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-10c	Piping Leak Detection (Underground - secondarily contained) = sump sensor + alarms + no auto shutoff	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-11	Piping Leak Detection	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	(Underground - secondarily contained, pressure) = automatic leak detector + flow shutoff or restriction				
466-12	Piping Leak Detection (Underground - secondarily contained) = annual integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-13	Piping Leak Detection (Underground - secondarily contained, suction/gravity) = sump sensor + alarms	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-14	Piping Leak Detection (Underground - emergency generators) = sump sensor without auto shutoff + alarms	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-15	Piping Leak Detection (Underground - emergency generators) = automatic leak detector without flow shutoff or restriction	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-16	Piping Leak Detection (Underground - emergency generators) = annual integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-17	Piping Leak Detection (Underground - emergency generators) = daily visual check	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for underground piping.
467-1	Piping Leak Detection (Aboveground - single wall) = electronic line leak detector + auto shutoff + alarms	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-2	Piping Leak Detection (Aboveground - single wall) = monthly 0.2 gph test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
467-3	Piping Leak Detection (Aboveground – single wall) = annual integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-4	Piping Leak Detection (Aboveground – single wall, pressure) = daily visual check	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-5	Piping Leak Detection (Aboveground – single wall, suction) = daily visual monitoring	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-6	Piping Leak Detection (Aboveground – single wall) = triennial integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-7	Piping Leak Detection (Aboveground – single wall) = self monitoring	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-8	Piping Leak Detection (Aboveground – single wall, gravity) = daily visual monitoring	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-9	Piping Leak Detection (Aboveground – single wall) = biennial integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-10a	Piping Leak Detection (Aboveground – secondarily contained) = sump sensor + alarms + auto shutoff for leaks	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-10b	Piping Leak Detection (Aboveground – secondarily contained) = sump sensor + alarms + auto shutoff for leaks, failure and disconnect	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-10c	Piping Leak Detection	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	(Aboveground – secondarily contained, pressure) = sump sensor + alarms + no auto shutoff				
467-11	Piping Leak Detection (Aboveground – secondarily contained) = automatic leak detector	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-12	Piping Leak Detection (Aboveground – secondarily contained) = annual integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-13	Piping Leak Detection (Aboveground – secondarily contained, suction/gravity) = sump sensor + alarms	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-14	Piping Leak Detection (Aboveground – emergency generators) = sump sensor without auto shutoff + alarms	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-15	Piping Leak Detection (Aboveground – emergency generators) = automatic leak detector	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-16	Piping Leak Detection (Aboveground – emergency generators) = annual integrity test	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
467-17	Piping Leak Detection (Aboveground – emergency generators) = daily visual check	Y or N	1	AN	Leak detection system used to comply with monitoring requirements for aboveground piping.
468	Date Dispenser Containment Installed	YYYYMMDD	8	N	Date dispenser containment installed.
	Dispenser	1 = float mechanism			

B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
~~469~~	~~Containment Type~~	~~2 = sensor + alarms~~ ~~3 = sensor + auto shutoff + alarms~~ ~~4 = daily visual check~~ ~~5 = trench liner / monitoring~~ ~~6 = none~~	~~1~~	~~AN~~	~~Type of dispenser containment.~~
469a	Under Dispenser Containment Construction Type	01 = Single-walled 02 = Double-walled 03 = No Dispensers	2	AN	Type of Construction of the under dispenser containment sump(s) / pan(s).
469b	Under Dispenser Containment (UDC) Construction Material	01 = steel 04 = fiberglass 10 = rigid plastic 15 = concrete 90 = none 99 = other	2	AN	Construction material of the under dispenser containment sump(s) / pan(s).
469c	Specify Other	Narrative	15	AN	Specify other UDC construction material.
470	Date Certified (~~Tank Unit~~)	~~YYYYMMDD~~ **~~DDMMYYY~~** **YYYYMMDD**	8	D	Date the document was signed.
471	Applicant ~~Owner/ Operator~~ Name (~~Tank Unit~~)		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete. ~~The applicant may be the Owner/Operator or officially designated representative.~~
472	Applicant ~~Owner/ Operator~~ Title (~~Tank Unit~~)		35	AN	Title of person signing the page.
~~473~~	~~Permit Number~~		~~9~~	~~AN~~	~~For local use only. Permit number.~~
~~474~~	~~Permit Approved By~~		~~35~~	~~AN~~	~~For local use only.Name of person approving permit.~~
~~475~~	~~Permit Expiration Date~~	~~YYYYMMDD~~	~~8~~	~~D~~	~~For local use only. Date of permit expiration.~~

C. UST Certification of Installation / Modification -Certificate of Compliance Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
~~435~~	~~Address (For local use only)~~	~~Postal standard: 2 lines, 35 characters~~	~~70~~	~~AN~~	~~Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.~~
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
~~477~~	~~Tank ID # (Tank Installation)~~		~~6~~	~~AN~~	~~Owner's tank ID#, if there is a tank number used by owner to identify the tank. Unique identifier of tank at site. Same as data element # 432.~~
~~478~~	~~Trained and Certified by Tank and Piping Manufacturer~~	~~Y or N~~	~~1~~	AN	~~Indicates whether installer was trained and certified by tank and piping manufacturer.~~
~~479~~	~~Registered Engineer~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates whether installation was certified by registered professional engineer.~~
~~480~~	~~Unified Program Agency Approval~~	~~Y or N~~	~~15~~	~~AN~~	~~Indicates whether installation was approved by the Unified Program Agency.~~
~~481~~	~~Completion of Manufacturer's Checklist~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates whether work on manufacturer's installation checklist was completed.~~
~~482~~	~~Contractors State License Board Certification or License~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates whether contractor has been certified or licensed by the Contractors State License Board.~~
482a	Name of Contractor Who Performed Installation/ Modification		20	AN	Name of contractor.
482b	Contractors License Number		20	AN	Contractors License Number who performed the work.
482c	ICC Cert. #		10	AN	Contractors ICC Certification Number.
~~483~~	~~Voluntary Consensus Standards and manufacturers~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates whether the components were installed according to voluntary consensus standards and manufacturers procedures.~~

C UST Certification of Installation / Modification Certificate of Compliance Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	~~installation procedures~~				
483a	Type of Project	01 = Tank Installation or Replacement 02 = Piping Installation or Replacement 03 = Sump Installation or Replacement 04 = Under Dispenser containment Installation or Replacement 05 = Other	2	AN	Description of type of installation.
483b	Work Authorized under Permit (Number or Date)		10	AN	Indicates permit number or date of permit authorizing the work being certified.
483c	Description of work being certified.	Narrative	300	AN	Description of installation or modification.
484	Date Certified ~~(Tank Installation)~~	~~YYYYMMDD~~ **~~DDMMYYYY~~ YYYYMMDD**	8	D	Date tank installation certification was signed.
485	Certifier's ~~Tank Owner/Agent~~ Name ~~(Tank Installation)~~		35	AN	Name of tank owner~~/agent,~~ or officially designated representative of the owner~~/agent~~. The signer certifies to a belief that all the information submitted is accurate and complete.
486	Certifier's ~~Tank Owner/Agent~~ Title ~~(Tank Installation)~~		35	AN	Title of person signing the page.
487	Phone number	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
436	Name of Certifier's Employer		35	AN	Name of employer of person signing the page.
489	Certifier's Relationship to Tank Owner	01 = tank owner 02 = tank operator 03 = contractor 04 = property owner 05 = other authorized agent of tank owner.	2	AN	Relationship of person signing the page to the UST owner.

D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
~~M01~~ ~~490-1~~	Type of Action	01 = New plan 02 = Change of Information	2	AN	Reason page is being submitted.
~~M02~~ ~~490-2~~	Plan Type		25	AN	Describes the tanks the plan is for.
~~M03a~~ 490-3a	Monitoring Equipment is serviced.	01 = Annually 99 = Other	2	AN	Describes frequency of service performed on monitoring equipment.
~~M03-b~~ 490-3b	Specify other frequency for monitoring equipment service.	Narrative	15	AN	Describes other frequency of service performed on monitoring equipment.
~~M04~~ 490-4	Site Plot Plan Submitted	~~Y or N~~ **1=New Plan Submitted** **2=Site Plan Previously Submitted**	1		Indicates if a site plan is submitted with this plan **or a previously submitted site plan is current for the facility.**
~~M05~~ 490-5	Continuous **Electronic T**~~t~~ank **M**~~m~~onitoring:	Y or N	1		Indicates if continuous tank monitoring is used at the site.
~~M06~~ 490-6	Tank Secondary Containment System	01 = Dry 02 = Liquid Filled 03 = Pressurized 04 = **Under** Vacuum	2	AN	Description of Tank secondary containment system.
~~M07~~ 490-7	Electronic Monitor Panel Manufacturer		25	AN	Name of electronic monitor panel manufacturer.
~~M08~~ 490-8	Electronic Monitor Panel Model #		10	AN	Model number of electronic monitor panel.
~~M09~~ 490-9	Leak Sensor Manufacturer		20	AN	Name of Leak Sensor Manufacturer.
~~M10~~ 490-10	Leak Sensor Model #		10	AN	Model Number of Leak Sensor.
~~M11~~ 490-11	Automatic Tank Gauging	Y or N	1	AN	Indicates if this type of monitoring is being performed at the site.
~~M12~~ 490-12	ATG Panel Manufacturer		25	AN	Name of ATG Panel Manufacturer
~~M13~~ 490-13	ATG Model #		25	AN	Model of ATG Panel.
~~M14~~	In-Tank Probe		25	AN	Name of ATG Probe manufacturer.

~~490-14~~	Manufacturer				
~~M15~~ 490-15	In-tank Probe Model #		25	AN	Model of ATG Probe.
~~M16~~ 490-16	Tank Leak Test Frequency	01 = Continuous 02 = Daily/Nightly 03 = Weekly 04 = Monthly 99 = Other	2	AN	Frequency of Tank Leak Test.
~~M17~~ 490-17	Specify Other Leak Test Frequency	Narrative	10	AN	Other Frequency of Tank Leak Test.
~~M18~~ 490-18	Programmed Tank Tests	01 = .01 gph 02 = .2 gph 99 = Other	2	AN	Sensitivity of the programmed leak tests.
~~M19~~ 490-19	Other Programmed Tests.	Narrative	15	AN	Other designated sensitivity of programmed leak test.
~~M20~~ 490-20	Monthly Statistical Inventory Reconciliation	Y or N	1		Indicates if inventory reconciliation is being performed at the site.
~~M21~~ 490-21	Weekly Manual Tank Gauge	Y or N	1		Indicates if Weekly Manual Tank Gauging if being performed at this site.
~~M22~~ 490-22	Tank gauging Test Period	01 = 36 hours 02 = 60 hours	1		Length of time for Manual Tank Gauging period.
~~M23~~ 490-23	Tank Integrity testing	Y or N	1		Indicates if Tank Integrity testing is performed at the site.
~~M24~~ 490-24	Tank integrity Testing Frequency	01 = Annually 02 = Biennially 99 = Other	1		Frequency of Tank Integrity Testing
~~M25~~ 490-25	Specify Other Tank Integrity Testing Frequency	Narrative	15	AN	Frequency of "Other" Tank Integrity Testing.
~~M26~~ 490-26	Other Monitoring	Y or N	1		Indicates if another type of monitoring is used at the site, not already indicated.
~~M27~~ 490-27	Specify other Monitoring.	Narrative	25	AN	Specifies the "other" type of monitoring.
~~M28~~ 490-28	Continuous monitoring of piping secondary containment	Y or N	1	AN	Indicates if continuous monitoring of the piping secondary containment occurs at the site.
~~M29~~ 490-29	Piping Secondary Containment	01 = Dry 02 = Liquid-filled 03 = Pressurized 04 = **Under** Vacuum	1	AN	Type of piping secondary containment
~~M30~~ 490-30	Panel Manufacturer	Narrative	25	AN	Name of panel manufacturer.
~~M34~~ 490-31	Panel Model #		15	AN	Model number of panel
~~M32~~ 490-32	Leak Sensor Manufacturer	Narrative	25	AN	Name of Leak Sensor manufacturer.
~~M33~~ 490-33	Leak Sensor Model		15	AN	Model of Leak Sensor
~~M34~~ 490-34	Leak Alarm Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates pump shutdown when a leak alarm occurs.
~~M35~~ 490-35	Failure/Disconnect Triggers Pump	Y or N	1	AN	Indicates pump shutdown when failure or disconnect occurs.

	Shutdown				
~~M36~~ 490-36	~~Pipeline~~ Mechanical Line Leak Detector Performs 3 gph leak test.	Y or N	1	AN	Indicates that a 3gph line mechanical line leak detector is used at the site.
~~M37~~ 490-37	MLLD Manufacturer	Narrative	25	AN	Name of leak detector manufacturer.
~~M38~~ 490-38	MLLD Model		15	AN	Model of leak detector.
~~M39~~ 490-39	~~Pipeline~~ Electronic Line Leak Detector performs 3 gph Leak Test	Y or N	1	AN	Indicates that an electronic line leak detector (ELLD) is used at the site.
~~M40~~ 490-40	ELLD Manufacturer	Narrative	25	AN	Manufacturer of ELLD
~~M41~~ 490-41	ELLD Model		15	AN	Model of ELLD.
~~M42~~ 490-42	ELLD Programmed in-line testing	01 = .2 gph 02 = .1 gph	1	AN	Type of ELLD Test performed.
~~M43~~ 490-43	ELLD Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates if ELLD triggers automatic pump shutdown.
~~M44~~ 490-44	ELLD Failure/Disconnect triggers Automatic Shutdown.	Y or N	1	AN	Indicates if ELLD triggers auto-shutdown for failure or disconnection.
~~M45~~ 490-45	Pipeline Integrity Testing	Y or N	1	AN	Indicates if pipeline integrity testing occurs at the site.
~~M46~~ 490-46	Pipeline Integrity Testing Frequency	01 = Annually 02 = Every 3 Years 03 = Other	2	AN	Frequency of pipeline integrity testing.
~~M47~~ 490-47	Specify Other Integrity Testing Frequency		10	AN	Other frequency of pipeline integrity testing.
~~M48~~ 490-48	Visual Pipeline Monitoring	Y or N	1	AN	Indicates if visual pipeline monitoring occurs at the site.
~~M49~~ 490-49	Visual Pipeline Monitoring Frequency	01 = Daily 02 = Weekly 03 = Minimum Monthly	2	AN	Frequency of visual pipeline monitoring.
~~M50~~ 490-50	Suction Piping Meets Exemption Criteria	Y or N	1	AN	Indicates if suction piping that meets the criteria is the method to monitor the pipeline.
~~M51~~ 490-51	~~Remote Fill Piping is connected to the UST~~ **No Regulated Piping Per HSC Chapter 6.7 Is Connected To The Tank System**	Y or N	1	AN	~~Indicates that regulated product piping is not connected to the piping system~~ **Indicates that any piping connected to the tank system is not regulated under the UST law, or there is no piping connected to the tank system.**
~~M52~~ 490-52	Other Pipeline Monitoring	Y or N	1	AN	Indicates if other pipeline monitoring option used at site.
~~M53~~ 490-53	Specify Other Monitoring	Narrative	25	AN	Identifies other monitoring option.
~~M54~~ 490-54a	~~Electronic~~ UDC Monitoring	**01 = Continuous** **02 = Float and Chain Assembly** **03 = Electronic Stand-alone** **04 = No Dispensers** **99 = Other**	~~12~~	AN	**Indicates type of UDC monitoring.** ~~of UDC.~~

~~490-54b~~	Specify Other UDC Monitoring	Narrative	~~15~~	~~AN~~	Indicates type of other UDC monitoring.
~~M55~~ 490-55	Panel Manufacturer	Narrative	15	AN	Manufacturer of Panel.
~~M56~~ 490-56	Model # of Panel		15	AN	Model # of Panel.
~~M57~~ 490-57	Leak Sensor Manufacturer	Narrative	15	AN	Manufacturer of Leak Sensor.
~~M58~~ 490-58	Model of Leak Sensor		15	AN	Model # of Leak Sensor
~~M59~~ 490-59	~~A leak in the UDC causes audible and visual alarms~~ Detection of a leak into the UDC triggers audible and visual alarms.	Y or N	1	AN	Indicates if alarms are trigged when a leak is detected in the UDC.
~~M60~~ 490-60	~~A~~ UDC leak alarm ~~causes~~ triggers automatic pump shutdown.	Y or N	1	AN	Indicates if leak alarm causes automatic pump shutdown.
~~M61~~ 490-61	Failure/Disconnection of UDC monitoring system triggers automatic pump shuts down ~~pump~~.	Y or N	1	AN	Indicates if failure or disconnection of the monitoring system causes pump shutdown.
~~M62~~ 490-62	~~Mechanical Continuous UDC Monitoring~~ UDC Monitoring stops the flow of product at the dispenser.	Y or N	1	AN	~~Indicates mechanical method (float and chain assembly) method of UDC Monitoring.~~ Indicates if the UDC monitor stops the flow of product at the dispenser.
~~M63~~ 490-63	~~Manufacturer of Mechanical Mechanism~~ UDC Construction	1 = Single-walled 2 = Double-walled	~~15~~ 1	AN	~~Manufacturer of mechanism.~~ Indicates the type of UDC construction.
~~M64~~	~~Model of Mechanical UDC~~		~~15~~	~~AN~~	~~Model of the mechanism.~~
~~M65a~~ 490-64a	UDC Secondary Containment Monitoring	01 = Liquid ~~filled~~ 02 = ~~Pressurized~~ Pressure 03 = Vacuum ~~04 = NA~~	1	AN	~~UDC~~ Type of UDC Secondary Containment Monitoring.
~~M65b~~ 490-64b	A Leak Within the Secondary Containment of the UDC causes audible and visual alarms.	Y or N	1	AN	Indicates that a leak in the UDC secondary containment causes audible and visual alarms.
~~M66~~	~~No Dispensers~~	~~Y or N~~	~~4~~	~~AN~~	~~Indicates if there are no dispensers in the system.~~
~~M67~~	~~Other UDC Monitoring~~	~~Y or N~~			~~Indicates if other type of UDC monitoring occurs.~~
~~M68~~	~~Specify other UDC monitoring.~~	~~Narrative~~	~~15~~	~~AN~~	~~Describes other type of UDC monitoring.~~
~~M69~~ 490-65	ELD Testing	Y or N	1	AN	Indicates if tanks are ELD tested on a periodic basis.
~~M70~~ 490-66	Secondary Containment Testing	Y or N	1	AN	Indicates if secondary containment testing is conducted every 36 months.
~~M71~~	Spill bucket testing	Y or N	1	AN	Indicates if spill bucket testing is conducted

~~490-67~~					annually.
~~M72a~~ 490-68a	Alarm Logs	Y or N	1	AN	Indicates that Alarm log records are kept for the facility.
~~M72 b~~ 490-68b	Visual Inspection Records	Y or N	1	AN	Indicates that Visual Inspection Records are kept for the facility.
~~M72c~~ 490-68c	Tank Integrity Testing Results	Y or N	1	AN	Indicates that Tank Integrity Testing Results are kept for the facility.
~~M72d~~ 490-68d	SIR testing results	Y or N	1	AN	Indicates that SIR testing results and supporting documentation records are kept for the facility.
~~M72e~~ 490-68e	Tank Gauging results	Y or N	1	AN	Indicates that Tank Gauging results and supporting documentation records are kept for the facility.
~~M72f~~ 490-68f	ATG Testing Results	Y or N	1	AN	Indicates that ATG Testing Results and supporting documentation records are kept for the facility.
~~M72g~~ 490-68g	Corrosion Protection Logs	Y or N	1	AN	Indicates that Corrosion Protection Logs are kept for the facility.
~~M72h~~ 490-68h	Equipment maintenance and calibration records	Y or N	1	AN	Indicates that Equipment maintenance and calibration records are kept for the facility.
~~M73a~~ 490-69a	Personnel with UST monitoring responsibilities are familiar with training documents	Y or N	1	AN	Indicates that personnel within the facility is familiar with the indicated documents.
~~M73b~~ 490-69b	UST monitoring plan	Y or N	1	AN	Indicates that facility personnel is familiar with the UST monitoring plan for the facility.
~~M73c~~ 490-69c	Operating manuals	Y or N	1	AN	Indicates that facility personnel is familiar with the UST operating manuals for the facility.
~~M73d~~ 490-69d	CA UST Regulations	Y or N	1	AN	Indicates that facility personnel is familiar with the CA UST Regulations.
~~M73e~~ 490-69e	CA UST Law	Y or N	1	AN	Indicates that facility personnel is familiar with the CA UST Law.
~~M73f~~ 490-69f	SWRCB Handbook for Tank Owners-Manual and SIR	Y or N	1	AN	Indicates that facility personnel is familiar with the SWRCB Handbook for Tank Owners-Manual and SIR.
~~M73g~~ 490-69g	SWRCB Publication: **Understanding** AutomaticTank Gauging **Systems**	Y or N	1	AN	Indicates that facility personnel is familiar with the SWRCB Publication: **Understanding** AutomaticTank Gauging **Systems**.
~~M73h~~ 490-69h	Other	Y or N	1	AN	Indicates that another training documents are used.
~~M73i~~ 490-69i	Specify Other	Narrative	30	AN	Other Training documents are listed.
~~M74~~ 490-70	Designated Operator Training	Y or N	1	AN	Indicates that the facility has a designated operator and that training will provided.
~~M75~~ 490-71	Comments and Additional Information	Narrative	150	AN	Additional information to support the application for an operating permit.
~~M76~~ 490-72	Name of first person having responsibility		25	AN	Name of first person having responsibility for monitoring.
~~M77~~ 490-73	Title of first person having responsibility		25	AN	Title of first person having responsibility for monitoring.
~~M78~~ 490-74	Name of second person having responsibility		25	AN	Name of second person having responsibility for monitoring.
~~M79~~ 490-75	Title of second person having responsibility		25	AN	Title of second person having responsibility for monitoring.
~~M80~~ 490-76	~~Designation of signature~~ Signature	01 = Tank Owner/**Operator** 02 = **Facility Owner**/Operator **03 = Authorized Representative**	2	AN	Indicates who signed the monitoring plan.

	Representation	of Owner			
~~M84~~ 490-77	Date	~~MMDDYYYY~~ YYYYMMDD	8	AN	Date Monitoring Plan is certified.
~~M82~~ 490-78	Applicant Name ~~of Owner or Operator~~		25	AN	Name of ~~Owner or Operator~~ Applicant signing monitoring plan.
~~M83~~ 490-79	~~Owner/Operator~~ Applicant Title		25	AN	Title of ~~Owner or Operator~~ Applicant signing monitoring plan.

Chapter 4 – Hazardous Waste

Title 27, division 3, subdivision 1, chapter 4, C., Information Description -- Permit by Rule (PBR) Waste and Treatment Process Combinations

INFORMATION DESCRIPTION -- Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT~~., except that items 630-14a through 630-17 cannot be treated under CESQT.~~

IV. HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations					
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE	INFORMATION DESCRIPTION
606	Unit ID Number		18	AN	Unique identification number for unit. The units can be numbered sequentially or by any other system as long as the numbers are not repeated or duplicated.
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.

INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.				
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-1a	Aqueous Waste - Hexavalent Chromium Reduction	Y or N	1	AN
630-2a	Aqueous Waste w/Metals - pH Adjustment / Neutralization	Y or N	1	AN
630-2b	Aqueous Waste w/Metals - Precipitation or Crystallization	Y or N	1	AN
630-2c	Aqueous Waste w/Metals - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-2d	Aqueous Waste w/Metals - Ion Exchange	Y or N	1	AN
630-2e	Aqueous Waste w/Metals - Reverse Osmosis	Y or N	1	AN
630-2f	Aqueous Waste w/Metals - Metallic Replacement	Y or N	1	AN
630-2g	Aqueous Waste w/Metals - Plating onto an Electrode	Y or N	1	AN
630-2h	Aqueous Waste w/Metals - Electrodialysis	Y or N	1	AN
630-2i	Aqueous Waste w/Metals - Electrowinning or Electrolytic Recovery	Y or N	1	AN
630-2j	Aqueous Waste w/Metals - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-2k	Aqueous Waste w/Metals - Evaporation	Y or N	1	AN
630-2l	Aqueous Waste w/Metals - Adsorption	Y or N	1	AN
630-3a	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-3b	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Adsorption	Y or N	1	AN
630-3c	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Distillation	Y or N	1	AN
630-3d	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Biological Process Using Microorganisms	Y or N	1	AN
630-3e	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Photodegradation in	Y or N	1	AN

	Enclosed System			
630-3f	Aqueous Waste w/Organics (<1% Volatiles) - Air Stripping or Steam Stripping	Y or N	1	AN

IV HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations				
	INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.			
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-4a	Sludges, Dusts, Solids w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-4b	Sludges, Dusts, Solids w/Metal(s) - Grind, Shred, Crush, or Compact	Y or N	1	AN
630-4c	Sludges, Dusts, Solids w/Metal(s) - Drying to Remove Water	Y or N	1	AN
630-4d	Sludges, Dusts, Solids w/Metal(s) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-5a	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-5b	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Drying to Remove Water	Y or N	1	AN
630-5c	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6a	Special Waste (Sec. 66261.120) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-6b	Special Waste (Sec. 66261.120) - Drying to Remove Water	Y or N	1	AN
630-6c	Special Waste (Sec. 66261.120) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6d	Special Waste (Sec. 66261.120) - Screening Based on Size	Y or N	1	AN
630-6e	Special Waste (Sec. 66261.120) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-7a	Special Waste (Sec. 66261.124) - Chemical Stabilization Using Silicates or Ceme titious Reactions	Y or N	1	AN
630-7b	Special Waste (Sec. 66261.124) - Drying to Remove Water	Y or N	1	AN
630-7c	Special Waste (Sec. 66261.124) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-7d	Special Waste (Sec. 66261.124) - Magnetic Separation	Y or N	1	AN
630-8a	Inorganic Acid/Alkaline Waste - pH Adjustment / Neutralization	Y or N	1	AN
630-9a	Soils w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-9b	Soils w/Metal(s) - Separation by Size	Y or N	1	AN
630-9c	Soils w/Metal(s) - Magnetic Separation	Y or N	1	AN
630-10a	Used Oil, Mixed Oil, Oily Water, Oil/W Sludges - Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-10b	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Distillation	Y or N	1	AN
630-10c	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Neutralization	Y or N	1	AN

IV HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations				
INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.				
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-10d	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-10e	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Reverse Osmosis	Y or N	1	AN
630-10f	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Biological Process Using Microorganisms	Y or N	1	AN
630-11a	Containers (< 110 Gallons) or Liners - Rinsing with Liquid	Y or N	1	AN
630-11b	Containers (< 110 Gallons) or Liners - Crush, Shred, Grind, or Puncture	Y or N	1	AN
630-12a	Multi-component Resins - Mixing per Manufacturer's Instructions	Y or N	1	AN
630-13	Wastestream & Treatment Technology Combination Certified by DTSC per HSC 25200.1.5	Valid Certified Technology Number	10	AN
~~630-14a~~	~~Cyanide Rinsewater, Cyanide Destruction – Oxidation by Addition of Hypochlorite~~	~~Y or N~~	~~1~~	~~AN~~
~~630-14b~~	~~Cyanide Rinsewater, Cyanide Destruction – Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light~~	~~Y or N~~	~~1~~	~~AN~~
~~630-14c~~	~~Cyanide Rinsewater, Cyanide Destruction – Alkaline Chlorination~~	~~Y or N~~	~~1~~	~~AN~~
~~630-14d~~	~~Cyanide Rinsewater, Cyanide Destruction – Electrochemical Oxidation~~	~~Y or N~~	~~1~~	~~AN~~
~~630-14e~~	~~Cyanide Rinsewater, Cyanide Removal – Ion Exchange~~	~~Y or N~~	~~1~~	~~AN~~
~~630-15a~~	~~Demineralizer Regenerate with Cyanides, Cyanide Destruction – Oxidation by Addition of Hypochlorite~~	~~Y or N~~	~~1~~	~~AN~~
~~630-15b~~	~~Demineralizer Regenerate with Cyanides, Cyanide Destruction – Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light~~	~~Y or N~~	~~1~~	~~AN~~
~~630-15c~~	~~Demineralizer Regenerate with Cyanides, Cyanide Destruction – Alkaline Chlorination~~	~~Y or N~~	~~1~~	~~AN~~
~~630-15d~~	~~Demineralizer Regenerate with Cyanides, Cyanide Destruction – Electrochemical Oxidation~~	~~Y or N~~	~~1~~	~~AN~~
~~630-15e~~	~~Demineralizer Regenerate with Cyanides, Cyanide Removal – Ion Exchange~~	~~Y or N~~	~~1~~	~~AN~~

630-16a	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction—Oxidation by Addition of Hypochlorite	Y or N	1	AN
630-16b	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction—Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light	Y or N	1	AN
630-16c	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction—Alkaline Chlorination	Y or N	1	AN
630-16d	Transfer Equipment Rinsate with Cyanides, Cyanide Destruction—Electrochemical Oxidation	Y or N	1	AN
630-16e	Transfer Equipment Rinsate with Cyanides, Cyanide Removal—Ion Exchange	Y or N	1	AN
630-18	Electrowinning Process Solutions with Cyanides, Metal Recovery	Y or N	1	AN

Chapter 5 – UP Information Collection and Reporting Standards Unified Program Data Dictionary

Title 27, division 3, subdivision 1, chapter 5. UP Information Collection and Reporting Standards
Unified Program Data Dictionary - CUPA Section

1. COMPLIANCE ACTIVITY INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number should start with the letters CA. If the handler is regulated under Federal RCRA requirements, this ID must be the U.S. EPA identification number.
3	Business Name	Postal standard: 2 lines, 35 character	70	AN	Full legal name of business.
900	RCRA Large Quantity Generator (LQG) of Hazardous Waste	Y or N	1	AN	Indicates if facility generates 1000 kg of RCRA hazardous waste in a calendar month. Identification is based on the business notification of LQG activity to U.S. EPA. If the designation is incorrect, the CUPA cannot change the designation unless the business notifies U.S. EPA.
901	Generator of Solely California Hazardous Waste	Y or N	1	AN	Indicates if facility generates solely California hazardous waste and does not generate any RCRA waste.
902	CalARP Program: Stationary Source	Y or N	1	AN	Indicates if facility is a stationary source as defined by the CalARP program.
903	CalARP Program: Multiple Stationary Sources	Y or N	1	AN	Indicates if business operates multiple locations in this CUPA jurisdiction that are stationary sources as defined by the CalARP program.
904	CalARP Program: RMP Waiver Determination	Y or N	1	AN	Indicates if the CUPA has waived the requirement for a Risk Management Plan for this stationary source (a RMP waiver).

2. INSPECTION INFORMATION ~~(one record for each facility for each program element and inspection date)~~					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator	1	AN	Program elements inspected. For Tiered Permitting options enter the highest tier.

		f = Hazardous Waste RCRA Large Quantity Generator (RCRA LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) i = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW)			
906	Inspection Date	YYYYMMDD	8	D	Date of completion of inspection.
~~907a~~	~~Inspection Type = Routine Inspection~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if inspection is routine. A routine inspection is a regularly scheduled inspection to evaluate compliance. Does not include follow-up inspections.~~
~~907b~~	~~Inspection Type = Other~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if inspection is not a routine inspection. Other inspections include complaint investigations, closure, release investigations, tank installation and/or removal oversight, tank cleaning, and follow-up enforcement inspections, or other inspections that may be in addition to a regularly scheduled inspection. This includes verification inspections for owners/operators of aboveground storage tanks having to prepare a spill prevention control and countermeasure plan. It does not include regularly scheduled inspections, field or site visits whose principle purpose is informational or educational, pollution prevention education, or visits needed to verify administrative information or orient new owners or operators. A complaint inspection is a service request originating from any outside party, including the public, that initiates a site visit outside of the routine inspection cycle.~~
908	Inspection Type	a = Routine b = Other	1	AN	Indicates if inspection is routine or other. A routine inspection is a regularly scheduled inspection to evaluate compliance. Does not include follow-up inspections. Other inspections include complaint investigations, closure, release investigations, tank installation and/or removal oversight, tank cleaning, and follow-up enforcement inspections, or other inspections that may be in addition to a regularly scheduled inspection. This includes verification inspections for owners/operators of aboveground storage tanks having to prepare a spill prevention control and countermeasure plan. It does not include regularly scheduled inspections, field or site visits whose principle purpose is informational or educational, pollution prevention education, or visits needed to verify administrative information or orient new owners or operators. A complaint inspection is a service request originating from any outside party, including the public, that initiates a site visit outside of the routine inspection cycle.
~~909~~	~~CalARP Audit~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if site visit is an audit of a CalARP Risk Management Plan for a stationary source.~~
909	Pct RTC 90		3	N	Percent (whole number) of routine inspections with Class I or Class II Violations that Returns to Compliance within 90 Days.
~~9100~~ 9a	~~Inspection Category = Single Program~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if inspection is a single program inspection. Inspectors perform single program inspections alone. If~~

					~~inspection is a single program inspection, do not enter codes for any other inspection category.~~
~~909b~~	~~Inspection Category = Combined Routine Inspection~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if inspection is a combined routine inspection. Combined routine inspections are regularly scheduled inspections to evaluate compliance conducted by one inspector for more than one program element. This does not include other inspections performed outside the routine inspection cycle.~~
~~909c~~	~~Inspection Category = Joint Inspection~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if inspection is a joint inspection. Joint inspections may be routine or other inspections. Joint inspections are conducted by more than one inspector from different Unified Program agencies within a CUPA, for more than one program element.~~
~~909d~~	~~Inspection Category = Integrated or Multi-media Inspections~~	~~Y or N~~	~~1~~	~~AN~~	~~Indicates if inspection is integrated or multi-media. Integrated or multi-media inspections may be routine or other inspections. Integrated inspections are conducted by one or more inspectors for the Unified Program and other programs not in the Unified Program. Multi-media inspections are conducted by one or more inspectors for more than one medium, such as air, water, or soil.~~
910	Number of Class I Violations		2	N	~~For hazardous waste generators, number of Class I violations.~~ A Class I violation means a deviation that represents a significant threat to human health or safety or the environment because of the volume of the ~~waste~~ material, the relative hazardousness of the ~~waste~~ material, or the proximity of the population at risk. The deviation must be significant enough that it could result in releases of ~~hazardous waste or constituents~~ material to the environment, ~~hazardous waste~~ material failing to be delivered to an authorized ~~hazardous waste~~ facility, failure to detect releases of ~~hazardous waste or constituents~~ material, inadequate financial resources in the case of releases of ~~hazardous waste or constituents~~ material, or inadequate financial resources to pay for facility closure, perform emergency cleanup operations or other corrective actions. A Class I violation is also a deviation that is a chronic violation or committed by a recalcitrant violator. A Class I violation is typically one that ~~is~~ could be referred to the District Attorney or City Attorney for formal enforcement action. Sanctions are typically imposed for failure to correct the violation. Class I violations are defined in the Health and Safety Code (HSC) section 25110.8.5.
911	Number of Class II Violations		2	N	~~For hazardous waste generators, number of Class II violations.~~ A Class II violation means a deviation that is not a Class I violation. This count includes violations which would be considered minor, but are knowing, willful, or intentional, or enable the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. Do not include minor violations in this count. Class II violations are defined in 22 California Code of Regulations (CCR) 66260.10.
912	Number of Minor Violations		2	N	~~For hazardous waste generators, number of minor violations.~~ A minor violation means a deviation from any regulation, standard, requirement, or permit condition, that is not a Class I violation. Exclude from this count all violations where the violation is knowing, willful, or intentional, or enables the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. These are counted as Class II violations. Also exclude any violation that is a chronic violation or that is committed by a recalcitrant violator, since these are counted as Class I violations. ~~A minor violation is defined in HSC 25117.6. Minor Violations applies to all programs.~~
~~913~~	~~Number of Other~~		~~2~~	~~N~~	~~For non-hazardous waste program elements, number of other violations. Other violations are those that are not~~

	~~Violations~~				~~hazardous waste violations.~~
913a	Significant Operational Compliance	a = with only release detection b = with only release prevention c = with both release detection and release prevention d = No Significant Operational Compliance	1	AN	Indicates if facility contains significant operational compliance criteria for release detection, release prevention, or both based on the inspection.
913b	Red Tag Issued	Y or N	1	AN	Indicates if a red tag was issued.
913c	Red Tag Number		5	AN	Identification Number of the Red Tag affixed at the facility. If the tag # is only four digits, insert a zero (0) before the first number: 0xxxx.
913d	Violations Causing Red Tag	1= violation threatening/causing liquid release. 2=violation impairing ability of UST system to detect a leak. 3=chronic violation or committed by recalcitrant violator.	1	AN	Reason for affixing the red tag. Must be a significant violation.
913e	Date Red Tag Affixed	YYYYMMDD	8	D	Date Red Tag affixed to the fill pipe.
913f	Date Red Tag Removed	YYYYMMDD	8	D	Date Red Tag removed.
914	Type of Enforcement Action	~~a = Informal action~~ ~~b = Referral to State agency~~ ~~c = Formal order~~ ~~d = Referral to Attorney General or District Attorney~~ a = Notice of Violation (NOV) Only b = AEO - Local Ordinance c = AEO - UP d = Referral to State Attorney General e = Referral to District Attorney f = Referral to County Council or City Attorney g = Referral to US Attorney h = Referral to State Agency I = Referral to Federal Agency j = Referral to Other	1	AN	~~Type of enforcement action. Informal actions are actions that are not formal actions. An informal enforcement action notifies the business of non-compliance and establishes a date by which the non-compliance is to be corrected. Informal actions are made by a written document including, but not limited to, a letter or notice of violation. Informal actions do not convey sanctions. A formal order is an enforceable order or agreement which mandates compliance. Examples include administrative orders and referrals for civil and/or criminal actions. Sanctions are imposed for failure to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.~~ A notice of violation (NOV) is an informal enforcement action taken by a CUPA. A NOV is written documentation that informs a business of non-compliance and establishes a date by which the non-compliance is to be corrected. A CUPA takes formal enforcement action on non-compliant businesses by initiating administrative enforcement orders and/or referring the case to the State Attorney General, District Attorney, County Council or City Attorney, US Attorney, State Agency, Federal Agency, or other. A formal enforcement action mandates return to compliance by imposing punitive and criminal penalties to businesses that fail to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.
917	Date Returned to Compliance	YYYYMMDD	8	D	Date physical compliance was determined by the CUPA for all violations identified during the inspection. This may not be based on a site visit, but is the date compliance was verified. It may be based on correspondence received from the regulated business.
917a	Date a Referred Case Settled or Dropped	YYYYMMDD	8	D	Date a referred case is settled or dropped. No date means that the case is open.

3 ENFORCEMENT INFORMATION ~~(one record for each facility for each program element and enforcement action)~~					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
~~902~~ 905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator f = Hazardous Waste Large Quantity Generator (LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) I = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW) - Fixed	2	AN	Program elements inspected. For Tiered Permitting options enter the highest tier. See Summary Report 3 and 4 for instructions for further information concerning the definition and relationships of the various hazardous waste program elements.
~~903~~ ~~906~~	~~Inspection Date~~	~~YYYYMMDD~~	~~8~~	~~D~~	~~Date of completion of inspection.~~
~~914~~	~~Type of Enforcement Action~~	~~a = Informal action b = Referral to State agency c = Formal order d = Referral to Attorney General or District Attorney~~	~~1~~	~~AN~~	~~Type of enforcement action. Informal actions are actions that are not formal actions. An informal enforcement action notifies the business of non-compliance and establishes a date by which the non-compliance is to be corrected. Informal actions are made by a written document including, but not limited to, a letter or notice of violation. Informal actions do not convey sanctions. A formal order is an enforceable order or agreement which mandates compliance. Examples include administrative orders and referrals for civil and/or criminal actions. Sanctions are imposed for failure to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.~~
915	Date of Enforcement Action	YYYYMMDD	8	D	Date the enforcement action is taken. The date of enforcement action is the date the violation is referred to the DA (for AEOs the date of the final order would be used). If more than one enforcement action is taken, the type and date of each action should be recorded.
916	Type of Formal Enforcement Action	a = Administrative b = Civil c = Criminal d = Civil/Criminal	1	AN	Type of formal enforcement action.
~~917~~	~~Date Returned to Compliance~~	~~YYYYMMDD~~	~~8~~	~~D~~	~~Date physical compliance was determined by the CUPA for all violations identified during the inspection. This may not be based on a site visit, but is the date compliance was verified. It may be based on correspondence received from the regulated business.~~

918	Docket Number		13	AN	actions.
919	Final Fine or Penalty Assessed		8	AN	Dollar amount of fine or penalty assessed. This is the final monetary penalty or fine assessed via court or administrative order, or the amount agreed upon in a formal legal settlement. It is based on the value of fines / penalties excluding costs. Round to nearest whole number. Do not use decimal places. Note the fine or penalty is by program element for each enforcement action at each facility, when available. Does not include Supplemental Environmental Projects (SEPs).
~~920~~	~~Fine or Penalty Collected~~		~~8~~	~~AN~~	~~Dollar amount of final fine or penalty actually collected by the CUPA. Round to nearest whole number. Do not use decimal places.~~
~~921~~	~~Date Fine or Penalty Collected~~	~~YYYYMMDD~~	~~8~~	~~D~~	~~Date when the final fine or penalty was completely collected.~~
920	Supplemental Environmental Projects Value		8	AN	Dollar amount/value of SEPs.
921	Significant Non-Complier	Y or N	1	AN	Only applies to RCRA hazardous waste facilities. SNC is defined under federal rules.

Chapter 6 – Unified Program Consolidated Forms

- Business Activities
- Business Owner/Operator Identification
- Hazardous Materials
- Underground Storage Tanks:
  Facility Information
- Underground Storage Tanks:
  Tank Information
- Underground Storage Tank:
  Certification of Installation/Modification
- Underground Storage Tank:
  Monitoring Plan
- On-site Tiered Permitting:
  Permit by Rule Page

Amends Title 27, division 3, subdivision 1, chapter 6. Unified Program Consolidated Forms, to read as follows:

Chapter 6 – Unified Program Consolidated Forms

Business Activities

Amends Title 27, division 3, subdivision 1, chapter 6. Unified Program Consolidated Forms, to read as follows:

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only) 1	EPA ID # (Hazardous Waste Only) 2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3	
BUSINESS SITE ADDRESS 103	
BUSINESS SITE CITY 104	CA ZIP CODE 105

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page ~~(OES Form 2730)~~.

Does your facility...	If Yes, please complete these pages of the UPCF....	
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☐ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION ~~(OES 2731)~~
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	☐ YES ☐ NO 4a	Coordinate with your local agency responsible for CalARP.
~~B~~C. UNDERGROUND STORAGE TANKS (USTs) ~~1~~Own or operate underground storage tanks?	☐ YES ☐ NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
~~2. Intend to upgrade existing or install new USTs?~~	~~☐ YES ☐ NO 6~~	~~UST FACILITY~~ ~~UST TANK (one per tank)~~ ~~UST INSTALLATION CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)~~
~~3. Need to report closing a UST?~~	~~☐ YES ☐ NO 7~~	~~UST TANK (closure portion one page per tank)~~
~~C~~D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: ~~any tank capacity is greater than 600 gallons, or~~ ~~the total capacity of the facility is greater than 1,300 gallons?~~ **Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.**	☐ YES ☐ NO 8	NO FORM REQUIRED TO CUPAs
~~D~~E. HAZARDOUS WASTE ~~1~~Generate hazardous waste?	☐ YES ☐ NO 9	EPA ID NUMBER – provide at the top of this page
~~2~~Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☐ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
~~3~~Treat hazardous waste on-site?	☐ YES ☐ NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☐ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
~~5~~Consolidate hazardous waste generated at a remote site?	☐ YES ☐ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
~~6~~Need to report the closure/removal of a tank that was classified a hazardous waste and cleaned on-site?	☐ YES ☐ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☐ NO 14a	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Household Hazardous Waste (HHW) Collection site?	☐ YES ☐ NO 14b	See CUPA for required forms.

~~E~~F. LOCAL REQUIREMENTS 15

(You may also be required to provide additional information by your CUPA or local agency.)

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page ~~(OES Form 2730)~~, and Hazardous Materials Inventory - Chemical Description pages ~~(OES Form 2731)~~ for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) ~~UPCF~~ pages. These data element numbers are used for electronic submission and are the same as the numbering used in ~~27 CCR, Appendix C~~ Division 3, Electronic Submittal of Information ~~the Business Section of the Unified Program Data Dictionary~~.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters □CA□. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms □Facility Name□ or □DBA - Doing Business As□ that might have been used in the past.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.

104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.

105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.

4. HAZARDOUS MATERIALS –

Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:

- It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
- It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
- Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page ~~(OES Form 2730)~~ and the Hazardous Materials Inventory - Chemical Description page ~~(OES Form 2731)~~, as well as an Emergency Response Plan and Training Plan. Do not answer □YES□ to this question if you exceed only a local threshold, but do not exceed the state threshold.

4a. REGULATED SUBSTANCES – Refer to www.oes.ca.gov, hazardous materials, CalARP guidance documents for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.

5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If □YES□, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

~~3. UPGRADE/INSTALL UST - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC 25316. If "YES", then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.~~

~~4. UST CLOSURE - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. (CUPAs may require additional information.)~~

8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have ~~a single tank greater than 660 gallons, or~~ cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):

An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt:

- A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
- A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
- An aboveground oil production tank which is regulated by the Division of Oil and Gas,
- Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC 25143.2. Check □YES□ and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check □NO□ if you only send recyclable materials to an offsite recycler. You do not need to report.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of □treatment□ for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer □YES□ if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
    - Your knowledge of the tank and its contents
    - Testing of the tank
    - Inability to remove hazardous materials stored in the tank.
    - The mixture rule
    - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.

    If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.

14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.

14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.

15. LOCAL REQUIREMENTS - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

Chapter 6 – Unified Program Consolidated Forms

Business Owner/Operator Identification

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID# 1	BEGINNING DATE 100	ENDING DATE 101	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3		BUSINESS PHONE 102	
BUSINESS SITE ADDRESS 103		BUSINESS FAX 102a	
BUSINESS SITE CITY 104	CA	ZIP CODE 105	COUNTY 108
DUNN & BRADSTREET 106		PRIMARY SIC 107	PRIMARY NAICS 107a
BUSINESS MAILING ADDRESS 108a			
BUSINESS MAILING CITY 108b		STATE 108c	ZIP CODE 108d
BUSINESS OPERATOR NAME 109		BUSINESS OPERATOR PHONE 110	

II. BUSINESS OWNER

OWNER NAME 111		OWNER PHONE 112	
OWNER MAILING ADDRESS 113			
OWNER MAILING CITY 114		STATE 115	ZIP CODE 116

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117		CONTACT PHONE 118	
CONTACT MAILING ADDRESS 119		CONTACT EMAIL 119a	
CONTACT MAILING CITY 120		STATE 121	ZIP CODE 122

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-	
NAME 123		NAME 128	
TITLE 124		TITLE 129	
BUSINESS PHONE 125		BUSINESS PHONE 130	
24-HOUR PHONE 126		24-HOUR PHONE 131	
PAGER # 127		PAGER # 132	

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134	NAME OF DOCUMENT PREPARER 135	
NAME OF SIGNER (print) 136	TITLE OF SIGNER 137		

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page ~~(OES Form 2730)~~, and Hazardous Materials - Chemical Description pages ~~(OES Form 2731)~~ for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.
(Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) ~~UPCF~~ pages. These data element numbers are used for electronic submission and are the same as the numbering used in ~~27 CCR, Appendix C the Business Section of the Unified Program Data Dictionary.~~ Division 3, Electronic Submittal of Information.)
Please number all pages of your submittal. This helps the ~~Department of Toxic Substance Control (DTSC)~~ Unified Program Agency (UPA) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by ~~DTSC~~ the UPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the doing business as name.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.

102a. BUSINESS FAX – Enter the business fax number, area code first.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET – If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or on the web at www.dnb.com.
107. SIC ~~CODE~~ NUMBER - Enter the primary Standard Industrial Classification ~~Code~~ System ~~number~~ Number ~~for primary business activity. NOTE: If code is more than 4 digits, report only the first four.~~ Required for EPCRA.

107a. NAICS NUMBER - Enter the primary North American Industrial Classification System Number.

108. COUNTY - Enter the county in which the business site is located.

108a. BUSINESS MAILING ADDRESS – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.

108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.

108c. STATE - Enter the two character abbreviation of the state for the business mailing address.

108d. ZIP CODE - Enter the zip code for the business mailing address. The extra 4 digit zip may also be added.

109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address, if different from business mailing address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address, if different from business mailing address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person~~, if different from the Business Owner or Operator,~~ who receives all environmental correspondence ~~and who will respond to enforcement activity~~.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, ~~at which~~ for the environmental contact ~~can be contacted~~, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent~~, if different from the site address~~.

119a CONTACT EMAIL – Enter the email address of the environmental contact in 117, if the contact has one.

120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative to be contacted in case there is an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for ~~DTSC~~ UPA to collect any additional information necessary to meet the requirements of their individual programs. Contact ~~DTSC, or~~ your ~~local agency~~ UPA for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.

136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.

SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.

137. TITLE OF SIGNER - Enter the title of the person signing the page.

Chapter 6 – Unified Program Consolidated Forms

Hazardous Materials

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202
☐ YES ☐ NO

FACILITY ID # 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET ☐ Yes ☐ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* ☐ Yes ☐ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☐ No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) 216
☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220

UNITS* (Check one item only) 221
☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS
* If EHS, amount must be in pounds.

DAYS ON SITE: 222

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226	227	☐ Yes ☐ No 228	229
2	230	231	☐ Yes ☐ No 232	233
3	234	235	☐ Yes ☐ No 236	237
4	238	239	☐ Yes ☐ No 240	241
5	242	243	☐ Yes ☐ No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) ~~UPCF~~ pages. These data element numbers are used for electronic submission and are the same as the numbering used in ~~27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.~~ Division 3, Electronic Submittal of Information.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC §25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
203. MAP NUMBER - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER - If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the ACOMMON NAME" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	**Acute Health (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	**Chronic Health (Delayed):** Carcinogens, other hazardous chemicals with an adverse effect with long term exposure

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION - This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Facility Information

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANKS

OPERATING PERMIT APPLICATION ~~UNDERGROUND STORAGE TANKS~~

FACILITY INFORMATION

(one form page per facility site) ~~Page ____ of ____~~

TYPE OF ACTION ☐ 1. NEW ~~SITE~~ PERMIT ☐ 3. RENEWAL PERMIT ☐ 5.CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE ~~PERMANENTLY CLOSED SITE~~

(Check one item only) ☐ ~~4. AMENDED PERMIT~~ ~~specify change local use only~~ _____ ☐ ~~8. TANK REMOVED~~

☐ 6.TEMPORARY FACILITY ~~SITE~~ CLOSURE ☐ 9. TRANSFER PERMIT 400

I. FACILITY ~~/ SITE~~ INFORMATION

~~BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)~~ 3

FACILITY ID# 1

TOTAL NUMBER OF USTs AT FACILITY

~~NEAREST CROSS STREET~~ 401

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

BUSINESS SITE ADDRESS 103 103

~~BUSINESS~~ FACILITY TYPE ☐ 1. MOTOR VEHICLE FUELING ~~GAS STATION~~ ☐ 2. FUEL DISTRIBUTION~~NGOR~~ ☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER 403

~~FACILITY OWNER TYPE~~ ☐ ~~4. LOCAL AGENCY/DISTRICT*~~ ☐ ~~2. INDIVIDUAL~~ ☐ ~~6. STATE AGENCY*~~ ☐ ~~3. PARTNERSHIP~~ ☐ ~~7. FEDERAL AGENCY*~~ 402

CITY 104.

~~TOTAL NUMBER OF TANKS REMAINING AT SITE~~ 404

~~Is facility on Indian Reservation or trustlands?~~ ☐ ~~Yes~~ ☐ ~~No~~ 405

~~*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.)~~

Is the facility located on Indian Reservation or trustlands? ☐ 1. Yes ☐ 2. No 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407

PHONE 408

MAILING ~~OR STREET~~ ADDRESS 409

CITY 410

STATE 411

ZIP CODE 412

~~PROPERTY OWNER TYPE~~ ☐ ~~1. CORPORATION~~ ☐ ~~2. INDIVIDUAL~~ ☐ ~~4. LOCAL AGENCY / DISTRICT~~ ☐ ~~6. STATE AGENCY~~ ☐ ~~3. PARTNERSHIP~~ ☐ ~~5. COUNTY AGENCY~~ ☐ ~~7. FEDERAL AGENCY~~ ~~413~~

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME ~~T01~~ 428-1

PHONE ~~T02~~ 428-2

( )

MAILING ADDRESS ~~T03~~ 428-3

CITY ~~T04~~ 428-4

STATE ~~T05~~ 428-5

ZIP CODE ~~T06~~ 428-6

~~H~~IV. TANK OWNER INFORMATION

TANK OWNER NAME 414

PHONE 415

MAILING OR STREET ADDRESS 416

CITY 417

STATE 418

ZIP CODE 419

~~TANK~~ OWNER TYPE ☐ ~~1. CORPORATION~~ ☐ ~~2. INDIVIDUAL~~ ☐ 4. LOCAL AGENCY / DISTRICT ☐ 6. STATE AGENCY ☐ ~~3. PARTNERSHIP~~ ☐ 5. COUNTY AGENCY ☐ 7. FEDERAL AGENCY ☐ 8. NON GOVERNMENT 420

~~I~~V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- | | | | | |

Call the State Board of Equalization, Fuel Industry Section, if there are questions. ~~(916) 322-9669 if questions arise~~ 421

~~V. PETROLEUM UST FINANCIAL RESPONSIBILITY~~

~~INDICATE METHOD(s)~~ ☐ ~~1. SELF-INSURED~~ ☐ ~~4. SURETY BOND~~ ☐ ~~7. STATE FUND~~ ☐ ~~10. LOCAL GOVT MECHANISM~~

☐ 2. GUARANTEE	☐ 5. LETTER OF CREDIT	☐ 8. STATE FUND & CFO LETTER	☐ 99. OTHER:	
☐ 3. INSURANCE	☐ 6. EXEMPTION	☐ 9. STATE FUND & CD		422

VI. PERMIT HOLDER INFORMATION LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. ☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked. Issue permit and send legal notifications and mailings to ☐ 2. PROPERTY OWNER ☐ 3. TANK OWNER ☐ 5. FACILITY OPERATOR	423
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only)	406

VII. APPLICANT SIGNATURE

Certification – I certify that the information provided herein is true and accurate, and in full compliance with legal requirements. to the best of my knowledge.

SIGNATURE OF APPLICANT SIGNATURE		DATE 424	PHONE 425
NAME OF APPLICANT NAME (print) 426		TITLE OF APPLICANT TITLE	427
STATE UST FACILITY NUMBER (For local use only) 428		1998 UPGRADE CERTIFICATE NUMBER (For local use only)	429

UST – Facility UST Operating Permit Application – Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrc-a)

Formerly SWRCB Form A.

Complete this form the UST – Facility page for all new permits, permit changes, or any facility information changes. This form page must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval is required before prior to making the any changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form – Facility page per facility, regardless of the number of UST's tanks located at the facility site. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan; a UST Response Plan; and, for USTs containing petroleum, a Certification of Financial Responsibility for Underground Storage Tanks Containing Petroleum.

This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR 2711 (a)(11)].

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

The following documents, **at a minimum**, are also required, if applicable. (Check with your local agency to see if they require submittal, **or if there are other forms/information needed):**

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.

404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility. This space is for agency use only.

3. BUSINESS NAME - Enter the full legal name of the business. Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).

103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.

104. CITY – Enter the city or unincorporated area in which the facility is located.

400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.

401. NEAREST CROSS STREET – Enter the name of the cross street nearest to the site of the tank.

402. FACILITY OWNER TYPE – Check the type of business ownership.

403. BUSINESS TYPE - Check the type of business. FACILITY TYPE – Indicate the type of facility.

404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.

405. INDIAN RESERVATION OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.

406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.

407. PROPERTY OWNER NAME -
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS

Complete items 407- 412 for the property owner. Include the area code and any extension number., unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same,

410. PROPERTY OWNER CITY ~~write "SAME AS SITE" in this section.~~
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
~~413. PROPERTY OWNER TYPE - Check the type of property ownership.~~
~~T01~~ 428-1. TANK OPERATOR NAME – Complete items ~~413a-f~~ 428-1 to 428-6 for the UST operator.
~~T02~~ 428-2. TANK OPERATOR PHONE – Include the area code and any extension number.
~~T03~~ 428-3. TANK OPERATOR MAILING ADDRESS –
~~T04~~ 428-4. TANK OPERATOR CITY –
~~T05~~ 428-5. TANK OPERATOR STATE –
~~T06~~ 428-6. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME - Complete items 414- 419 for the ~~tank~~ UST owner, ~~unless all items are the~~
415. TANK OWNER PHONE Include the area code and any extension number. ~~same as the Owner Information (items 111-116) on~~
416. TANK OWNER MAILING ~~OR STREET~~ ADDRESS ~~the Business Owner/Operator Identification page (OES Form 2730). If the same,~~
417. TANK OWNER CITY ~~write "SAME AS SITE" in this section.~~
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. ~~This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.~~ This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: State Board of Equalization, Fuel Industry Section, PO Box 942879, Sacramento, CA 94279-0030.

~~422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other□ and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.~~
423a. ~~LEGAL NOTIFICATION AND MAILING ADDRESS – Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.~~
PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.

~~SIGNATURE OF~~ APPLICANT SIGNATURE ~~– The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.~~
The application form must be signed, in the space provided, by:

- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
- If the UST(s) is/are owned by a corporation, partnership, or public agency:
  1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
  2.) A general partner or proprietor; or
  3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.

424. DATE ~~CERTIFIED~~ - Enter the date that the ~~page~~ form was signed.
425. ~~APPLICANT~~ PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - ~~Enter the full printed name of the person signing the page.~~ Print or type the full name of the person signing the form.
427. APPLICANT TITLE - Enter the title of the person signing the page.
~~428. STATE UST FACILITY NUMBER – Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.~~
~~429. 1998 UPGRADE CERTIFICATE NUMBER – Leave this blank. This number is assigned by the CUPA.~~

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Tank Information

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANKS—~~TANK PAGE 1~~
OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

~~(two pages per tank)~~

~~Page ___ of ___~~

TYPE OF ACTION (Check one item only. For an UST **permanent** closure or removal, complete only this section and Sections I, II, III, IV, and IX below)
☐ 1 NEW ~~SITE~~ PERMIT ☐ 3 RENEWAL PERMIT ☐ ~~4 AMENDED PERMIT~~ ☐ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY ~~SITE~~ UST CLOSURE
☐ 7 UST PERMANENT~~LY~~ CLOSE~~D~~URE ON SITE ☐ 8 ~~TANK~~ UST REMOVAL~~ED~~ 430

~~(Check one item only)~~ ~~(Specify reason for local use only)~~ ~~(Specify reason for local use only)~~
DATE UST PERMANENTLY CLOSED 430a DATE EXISTING UST DISCOVERED 430b

I. FACILITY INFORMATION 430

BUSINESS NAME ~~(Same as FACILITY NAME or DBA Doing Business As)~~ | 3 | FACILITY ID #: (Agency Use Only) | 1

~~LOCATION WITHIN SITE (Optional)~~ BUSINESS SITE ADDRESS 103

CITY 104

II. TANK DESCRIPTION ~~(A sealed plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)~~

TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: ~~NUMBER OF TANK UNITS.~~ THIS TANK IS: ☐ 1. A STAND-ALONE TANK ☐ 2. ~~ONE OF TWO OR MORE COMPARTMENTS~~ ONE IN A COMPARTMENTED UNIT ~~COMPARTMENTALIZED TANK.~~ ☐ ~~Yes~~ ☐ ~~No~~ ~~Complete one page for each compartment in the unit. If "Yes", complete one page for each compartment.~~ 434
DATE UST SYSTEM INSTALLED ~~(YEAR/MO)~~ 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS **IN THE UNIT** 437

~~ADDITIONAL DESCRIPTION (For local use only)~~ 438

III. TANK USE AND CONTENTS

TANK USE ☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING 439
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED 440
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ ~~99.~~ 11. OTHER NON-PETROLEUM (Specify): 440b

~~TANK USE~~ 439
~~☐ 1. MOTOR VEHICLE FUEL~~
~~(If marked complete Petroleum Type)~~
~~☐ 2. NON FUEL PETROLEUM~~
~~☐ 3. CHEMICAL PRODUCT~~
~~☐ 4. HAZARDOUS WASTE~~
~~(Includes Used Oil)~~
~~☐ 95. UNKNOWN~~

~~PETROLEUM TYPE~~ 440
~~☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL~~
~~☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL~~
~~☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER~~

~~COMMON NAME (from Hazardous Materials Inventory page)~~ 441
~~CAS# (from Hazardous Materials Inventory page)~~ 442

~~III~~V. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ~~☐ 3. SINGLE WALL WITH ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM~~ 443
(Check one item only ~~EXTERIOR MEMBRANE LINER~~ ☐ 95. UNKNOWN
☐ 2. DOUBLE WALL ~~☐ 4. SIGNLE WALL IN VAULT ☐ 99. OTHER~~

~~TANK MATERIAL primary tank~~ PRIMARY CONTAINMENT ☐ 1. ~~BARE~~ STEEL ☐ 3. FIBERGLASS ~~/ PLASTIC~~ ~~☐ 5. CONCRETE~~) 444
☐ 6. INTERNAL BLADDER ☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN
(Check one item only) ~~☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL~~ ☐ 99. OTHER 444a.

~~TANK MATERIAL secondary tank~~ SECONDARY CONTAINMENT ☐ 1. ~~BARE~~ STEEL ☐ 3. FIBERGLASS ~~/ PLASTIC~~ ~~☐ 5. CONCRETE~~ ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED ☐ 95. UNKNOWN 445
(Check one item only) ~~☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL~~ ☐ 99. OTHER 445a
~~☐ 10. COATED STEEL~~
~~☐ 5. CONCRETE~~

OVERFILL PREVENTION ☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE 452.
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

~~TANK INTERIOR LINING~~ ~~☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN~~ 446 ~~DATE INSTALLED~~ 447
~~OR COATING~~ ~~☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☐ 6 UNLINED ☐ 99 OTHER~~
~~(Check one item only)~~ ~~(For local use only)~~

~~OTHER CORROSION PROTECTION IF APPLICABLE~~ ~~☐ 1 MANUFACTURED CATHODIC ☐ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN PROTECTION ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER~~ 448 ~~DATE INSTALLED~~ 449

(Check one item only) ☐ 2 SACRIFICIAL ANODE			(For local use only)
SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
☐ 1 SPILL CONTAINMENT			☐ 1 ALARM ☐ 3 FILL TUBE SHUT OFF VALVE
☐ 2 DROP TUBE			☐ 2 BALL FLOAT ☐ 4 EXEMPT
☐ 3 STRIKER PLATE			

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453		IF DOUBLE WALL TANK OR TANK WITH BLADDER 454 (Check one item only)
☐ 1 VISUAL (EXPOSED PORTION ONLY)	☐ 5 MANUAL TANK GAUGING (MTG)	☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)	☐ 6 VADOSE ZONE	☐ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 CONTINUOUS ATG	☐ 7 GROUNDWATER	☐ 3 MANUAL MONITORING
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR)	☐ 8 TANK TESTING	
☐ BIENNIAL TANK TESTING	☐ 99 OTHER	

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
	gallons	☐ Yes ☐ No

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR ∋2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner=s tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check Aother≅ and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check Aother≅ and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check Aother≅ and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check Aother≅ and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check Aother≅ and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.

452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.

453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check Aother≅ and enter system.

454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.

455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.

456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).

457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

~~UNIFIED PROGRAM CONSOLIDATED FORM~~

~~TANKS~~

~~UNDERGROUND STORAGE TANKS — TANK PAGE 2~~

VI. PRODUCT/WASTE PIPING CONSTRUCTION (Check all that apply)

~~UNDERGROUND PIPING~~	~~ABOVEGROUND PIPING~~
~~SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. SUCTION ☐ 3. GRAVITY~~ 458	~~☐ 1. PRESSURE ☐ 2. SUCTION ☐ 3. GRAVITY~~ 459
~~CONSTRUCTION MANUFACTURER ☐ 1. SINGLE WALLED ☐ 2. DOUBLE WALLED ☐ 3. LINED TRENCH ☐ 99. OTHER~~ ☐ 99. OTHER 460	~~☐ 1. SINGLE WALL ☐ 95. UNKNOWN~~ 462
CONSTRUCTION ☐ 1. SINGLE-WALLED ☐ 2. DOUBLE -WALLED ☐ 95. UNKNOWN	~~☐ 2. DOUBLE WALL ☐ 99. OTHER~~
~~MANUFACTURER~~ 461	~~MANUFACTURER~~ 463

~~☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE w/100% METHANOL~~	~~☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/100% METHANOL~~
~~☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ Unknown~~	~~☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL~~
~~☐ 3. PLASTIC COMPATIBLE W/ CONTENTS ☐ 99. Other~~	~~☐ 3. PLASTIC COMPATIBLE W/ CONTENTS ☐ 8. FLEXIBLE (HDPE) ☐ 99. OTHER~~
~~☐ 4. FIBERGLASS ☐ 8. FLEXIBLE (HDPE)~~	~~☐ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION~~
~~☐ 5. STEEL W/COATING ☐ 9. CATHODIC PROTECTION~~ 464	~~☐ 5. STEEL W/COATING ☐ 95. UNKNOWN~~ 465

SYSTEM TYPE	☐ 1. PRESSURE	☐ 2. GRAVITY	☐ 3. CONVENTIONAL SUCTION	☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458
PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 8. FLEXIBLE	☐ 10. RIGID PLASTIC 464
	☐ 90. NONE	☐ 95. UNKNOWN	☐ 99. OTHER (Specify): 464a	
SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 8. FLEXIBLE	☐ 10. RIGID PLASTIC 464b
	☐ 90. NONE	☐ 95. UNKNOWN	☐ 99. OTHER (Specify): 464c	
PIPING/TURBINE CONTAINMENT SUMP TYPE	☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 90. NONE 464d	

~~VII. PIPING LEAK DETECTION~~ ~~(Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)~~

~~UNDERGROUND PIPING~~	~~ABOVEGROUND PIPING~~
~~SINGLE WALL PIPING~~ 466	~~SINGLE WALL PIPING~~ 467
~~PRESSURIZED PIPING (Check all that apply):~~	~~PRESSURIZED PIPING (Check all that apply):~~
~~☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.~~	~~☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.~~
~~☐ 2. MONTHLY 0.2 GPH TEST~~	~~☐ 2. MONTHLY 0.2 GPH TEST~~
~~☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)~~	~~☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)~~
	~~☐ 4. DAILY VISUAL CHECK~~
~~CONVENTIONAL SUCTION SYSTEMS~~	~~CONVENTIONAL SUCTION SYSTEMS (Check all that apply)~~
~~☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)~~	~~☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM~~
~~SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):~~	~~☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)~~
~~☐ 7. SELF MONITORING~~	~~SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):~~
~~GRAVITY FLOW~~	~~☐ 7. SELF MONITORING~~
~~☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)~~	~~GRAVITY FLOW (Check all that apply):~~
	~~☐ 8. DAILY VISUAL MONITORING~~
	~~☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)~~
~~SECONDARILY CONTAINED PIPING~~	~~SECONDARILY CONTAINED PIPING~~
~~PRESSURIZED PIPING (Check all that apply):~~	~~PRESSURIZED PIPING (Check all that apply):~~
~~10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)~~	~~10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)~~
~~☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS~~	~~☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS~~
~~☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION~~	~~☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION~~
~~☐ c. NO AUTO PUMP SHUT OFF~~	~~☐ c. NO AUTO PUMP SHUT OFF~~
~~☐ 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION~~	~~☐ 11. AUTOMATIC LEAK DETECTOR~~
~~☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)~~	~~☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)~~
~~SUCTION/GRAVITY SYSTEM~~	~~SUCTION/GRAVITY SYSTEM~~
~~☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS~~	~~☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS~~
~~EMERGENCY GENERATORS ONLY (Check all that apply)~~	~~EMERGENCY GENERATORS ONLY (Check all that apply)~~
~~☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS~~	~~☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS~~
~~☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION~~	~~☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)~~
~~☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)~~	~~☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)~~
~~☐ 17. DAILY VISUAL CHECK~~	~~☐ 17. DAILY VISUAL CHECK~~

~~VIII. DISPENSER CONTAINMENT~~

~~DISPENSER CONTAINMENT ☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE ☐ 4. DAILY VISUAL CHECK~~

DATE INSTALLED 468	☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	☐ 5. TRENCH LINER / MONITORING	
	☐ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	☐ 6. NONE	469

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464g 464g1.
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 90. NONE			464i.
RISER PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464j 464j1.
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464k 464k1.
FILL COMPONENTS INSTALLED	☐ 1. SPILL BUCKET	☐ 3. STRIKER PLATE/BOTTOM PROTECTOR			☐ 4. CONTAINMENT SUMP	451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 20. NO DISPENSERS	☐ 90. NONE	469a.
CONSTRUCTION MATERIAL	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	469b-c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	☐ 2. SACRIFICIAL ANODE(S)	☐ 4. IMPRESSED CURRENT	☐ 6. ISOLATION	448

IX. OWNER/OPERATOR APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements. I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR APPLICANT SIGNATURE	DATE 470
NAME OF OWNER/OPRATOR (print) APPLICANT NAME (print) 471	APPLICANT TITLE OF OWNER/OPERATOR 472

Permit Number (For local use only) 473	Permit Approved (For local use only) 474	Permit Expiration Date (For local use only) 475

Formerly SWRCB Form B

UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwrc-b)

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) — For items 458 and 459, check the tank=s piping system
459. PIPING SYSTEM TYPE (ABOVEGROUND) — information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) — For items 464 and 465, check the
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) — tank=s piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) — For items 466 and 467, check the leak detection system(s) used
467. PIPING LEAK DETECTION (ABOVEGROUND) — to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

~~SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.~~

~~470. DATE CERTIFIED - Enter the date the page was signed.~~

~~471. OWNER/ OPERATOR NAME - Print the name of signatory.~~

~~472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.~~

~~473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.~~

~~474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.~~

~~475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.~~

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For an UST **permanent** closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432 TANK ID # – ~~Enter a unique number to identify the tank.~~ **Applicant may enter the owner's tank identification number or leave this space blank. ~~This number may be assigned by the UST owner/operator, or t~~**The ~~**CUPA**~~ **Local Agency will assign the State tank identification number as the unique identifier for the UST system.**
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. ~~**NUMBER OF TANK UNITS.**~~ **TANK CONFIGURATION**: Check the appropriate box to indicate if the tank is a stand-alone tank or one ~~**of two or more**~~ **in** a compartmented ~~**s in a tank**~~ **unit** ~~**system**~~. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF ~~**TANK**~~ COMPARTMENTS **IN THE UNIT**: If the tank is a compartment, enter the total number of compartments in the **unit.** ~~**UST.**~~
439. TANK USE – Check the type of tank usage.
439a. If you checked "Other" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
440a. If you checked "Other Petroleum" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
440b. If you checked "Other non-petroleum", specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
444a. If you checked "Other" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
445a. If you checked "Other" specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled, double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
464a. If you checked "Other" specify the type of primary containment in the space provided.
464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
464c. If you checked "Other" specify the type of secondary containment in the space provided.
464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.

464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.

464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.

451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.

469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".

469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.

469c. If you checked "Other" specify the construction material in the space provided.

448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.

APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility **Information** Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.

473. DATE – Enter the date the form was signed.

474. APPLICANT NAME – Print or type the name of the person signing the form.

475. APPLICANT TITLE – Enter the title of the person signing the form.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Certification of Installation/Modification

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANK ~~TANKS~~

CERTIFICATION OF INSTALLATION / MODIFICATION ~~UNDERGROUND STORAGE TANKS – INSTALLATION~~

~~CERTIFICATE OF COMPLIANCE~~

(One form per project) ~~(one page per tank)~~

~~Page __ of __~~

I. FACILITY INFORMATION ~~IDENTIFICATION~~

~~BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)~~ ~~3~~

~~ADDRESS (For local use only)~~ ~~476~~

FACILITY ID#(*Agency Use Only*) | 1 | ~~TANK ID #~~ ~~477~~

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

BUSINESS SITE ADDRESS 103 CITY 104

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

(Check all that apply)

~~478~~

☐ ~~The installer has been trained and certified by the tank and piping manufacturers.~~

~~479~~

☐ ~~The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations.~~

~~480~~

☐ ~~The installation has been inspected and approved by the Unified Program Agency.~~

~~481~~

☐ ~~All work listed on the manufacturer's installation checklist has been completed.~~

~~482~~

☐ ~~The installer has been certified or licensed by the Contractors' State License Board.~~

~~483~~

☐ ~~The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures.~~

TYPE OF PROJECT (Check all that apply) 483a

☐ 1. TANK INSTALLATION OR REPLACEMENT
☐ 2. PIPING INSTALLATION OR REPLACEMENT
☐ 3. SUMP INSTALLATION OR REPLACEMENT
☐ 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT
☐ 5. OTHER

WORK AUTHORIZED UNDER PERMIT 483b

(Number or Date):

Description of work being certified: (483c)

III. ~~TANK OWNER/AGENT SIGNATURE~~ CONTRACTOR INFORMATION

~~I certify that the information provided herein is true and accurate to the best of my knowledge.~~
~~-~~NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION 482a

CONTRACTOR LICENSE # 482b	ICC CERTIFICATION # 482c

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system

SIGNATURE OF TANK OWNER OR OWNER'S AGENT	DATE 484 PHONE 487
~~NAME OF TANK OWNER/AGENT (print)~~ CERTIFIERS NAME (print) 485	~~TITLE OF TANK OWNER/AGENT~~ CERTIFIER'S TITLE: 486
NAME OF CERTIFIER'S EMPLOYER (DBA) 488	CERTIFIER'S RELATIONSHIP TO TANK OWNER 489 ☐ 1. TANK OWNER ☐ 2. TANK OPERATOR ☐ 3. CONTRACTOR ☐ 4. PROPERTY OWNER ☐ 5. OTHER AUTHORIZED AGENT OF TANK OWNER

~~UST Installation - Certificate of Compliance~~ UST Certification of Installation / Modification Form Instructions

~~Formerly SWRCB Form C~~

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

~~Complete this certification upon installation of an UST and piping. One certification is required for each tank system. This page may be completed by either the UST owner or representative.~~

~~Refer to 23 CCR 2635 for UST installation and testing requirements.~~

~~(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)~~

~~Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.~~

1. FACILITY ID NUMBER - This space is for agency use only. ~~Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.~~

3. BUSINESS NAME - Enter the ~~full legal name of the business.~~ complete Facility Name.

103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.

104. CITY – Enter the city or unincorporated area in which the facility is located.

~~476. ADDRESS – Enter the street address where the tank is located. This is to assist the tank inspector in locating the tank.~~

~~477. TANK ID NUMBER – Enter the tank ID number assigned by the owner. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA. This is the same as item 432 as found on the UST Tank Page 1.~~

~~478. TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER – Check if the tank installer provided evidence of being trained and certified by the tank and piping manufacturer.~~

~~479. REGISTERED ENGINEER INSPECTION – Check if the installation has been inspected and certified by a registered professional engineer, if necessary.~~

~~480. UNIFIED PROGRAM AGENCY APPROVAL – Check if the installation has been inspected and approved by the Unified Program agency.~~

~~481. COMPLETION OF MANUFACTURER'S CHECKLIST – Check if all work listed on the manufacturer□s installation checklist was completed.~~

~~482. CONTRACTORS□ STATE LICENSE BOARD CERTIFICATION OR LICENSE – Check if the installer has provided proof of CSLB certification or licensing.~~

482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the ~~**DBA**~~ **for name of** the contractor who performed the work as registered with the Contractors State License Board (CSLB).

482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).

482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) "UST Installation/Retrofitting" certification number possessed by the contractor.

483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).

483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.

483c. DESCRIPTION OF WORK BEING CERTIFIED.- In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., "Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.").

SIGNATURE OF TANK OWNER/OR OWNERS AGENT - The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED - Enter the date that the page was signed.

485. CERTIFIER'S NAME ~~– TANK OWNER/AGENT NAME –~~ Enter the full printed name of the person signing the form ~~page.~~

486. ~~TANK OWNER/AGENT~~ CERTIFIER'S TITLE - Enter the title of the person signing the form ~~page~~.

487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.

488. NAME OF CERTIFIER'S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note "N/A" (Not Applicable) in this space.

489. CERTIFIER'S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Monitoring Plan

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
~~OPERATING PERMIT APPLICATION~~ MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☐ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION ~~M01.~~ 490-1

PLAN TYPE ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. ~~M02.~~ 490-2

(Check one item only) ☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S):

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* | | | | | | | | | | | | | |

BUSINESS NAME (Same as FACILITY NAME) 3

BUSINESS SITE ADDRESS 103. | CITY 104

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☐ 1. ANNUALLY ☐ 99. OTHER (Specify): ~~490-3a M03a~~ ~~490-3b M03b~~

III. MONITORING LOCATIONS

☐ 1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN. ☐ 2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (CCR §2632, 2634)

~~This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) which shows all required information, it may be included with this plan.~~ ~~490-4 M04~~

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☐ 1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) ~~490-5 M05~~

SECONDARY CONTAINMENT IS: ☐ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. **UNDER** VACUUM ~~490-6 M06~~

PANEL MANUFACTURER: ~~M07~~ ~~490-7~~ | MODEL #: ~~M08.~~ ~~490-8~~

LEAK SENSOR MANUFACTURER: ~~M09~~ ~~490-9~~ | MODEL #(S): ~~M10.~~ ~~490-10~~

☐ 2. AUTOMATIC TANK GAUGING (ATG) USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643) ~~M11~~ ~~490-11~~

PANEL MANUFACTURER: ~~M1~~ ~~490-12~~ | MODEL #: ~~M13.~~ ~~490-13~~

IN-TANK PROBE MANUFACTURER: ~~M14.~~ ~~490-14~~ | MODEL #(S): ~~M15.~~ ~~490-15~~

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY ~~M16.~~ ~~490-16~~

☐ d. MONTHLY ☐ e. OTHER (Specify): ~~M17~~ ~~490-17~~

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): ~~M18~~ ~~M19~~ ~~490-18, 490-19~~

☐ 3. **MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1):** ~~M20~~ ~~490-20~~

☐ 4. **WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS ~~M21,M22~~ ~~490-21~~ ~~490-22~~

☐ 5. **TANK INTEGRITY TESTING (23 CCR §2643.1):** ~~M32~~ ~~M23,M24~~ ~~M25~~ ~~490-23~~ ~~490-24~~ ~~490-25~~

TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify):

☐ 99. **OTHER** (Specify): ~~M26,M27~~ ~~490-26~~ ~~490-27~~

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☐ 1. **CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636)** ~~M38~~ ~~490-28~~

SECONDARY CONTAINMENT IS: ☐a. DRY ☐b. LIQUID FILLED ☐c. PRESSURIZED ☐d. **UNDER** VACUUM ~~M39~~ ~~490-29~~

PANEL MANUFACTURER: ~~M30~~ ~~490-30~~ | MODEL #: ~~M31.~~ ~~490-31~~

LEAK SENSOR MANUFACTURER: ~~M32.~~ ~~490-32~~ | MODEL #(S): ~~M33.~~ ~~490-33~~

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a.YES ☐ b. NO ~~M34.~~ ~~490-34~~

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a.YES ☐ b. NO ~~M35.~~ ~~490-35~~

☐ 2. ~~PIPE~~ MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636) ~~M3~~ 490-36

MLLD MANUFACTURER(S): ~~M37.~~ 490-37 MODEL #(S): ~~M38.~~ 490-38

☐ 3. ~~PIPE~~ ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636) ~~M39~~ 490-39

ELLD MANUFACTURER(~~s~~S): ~~M40.~~ 490-40 MODEL #(S): ~~M41.~~ 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ a. MINIMUM MONTHLY 0.2 g.p.h. ☐ b. MINIMUM ANNUAL 0.1 g.p.h. ~~M42.~~ 490-42

~~M43.~~ 490-43

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO ~~M44.~~ 490-44

☐ 4. **PIPE INTEGRITY TESTING** ~~(23 CCR §2636)~~ ~~M45.~~ 490-45

TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) ~~M46, M47~~ 490-46, 490-47

☐ 5. **VISUAL PIPE MONITORING.** ~~M48.~~ 490-48

FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c . MIN. MONTHLY & EACH TIME SYSTEM OPERATED* ~~M49.~~ 490-49

* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☐ 6. **SUCTION PIPING MEETS EXEMPTION CRITERIA (23 CCR §2636(a)(3))** ~~M50~~ 490-50

☐ 7. **NO REGULATED PIPING PER HSC CHAPTER 6.7 ~~IN~~ IS CONNECTED TO THE TANK SYSTEM** ~~M51~~ 490-51

☐ 99. **OTHER** (Specify) ~~M52~~ 490-52 ~~M53~~ 490-53

UST Monitoring Plan – Page 1 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

~~M0~~ 490-1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
~~M0~~ 490-2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank **Information** Form(s)].
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the facility is located.
~~M0~~ 490-3a. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
~~M0~~ 490-3b. Specify Other frequency for monitoring equipment servicing.
~~M0~~ 490-4 SITE PLAN - Indicate if a site plan/map is submitted with this monitoring plan **or if it was submitted previously and is current for the facility. Monitoring plans must include a Site Plot Plan/Map showing the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.).**
~~M0~~ 490-5. IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.
~~If item M05 is checked~~
~~M0~~ 490-6. SECONDARY CONTAINMENT– **If IV-1 is checked,** check the appropriate box to describe the environment inside the tank secondary containment.
~~M0~~ 490-7. PANEL MANUFACTURER- **If IV-1 is checked, e**~~E~~nter the name of the manufacturer of the monitoring system control panel (console).
~~M0~~ 490-8. MODEL # – **If IV-1 is checked, e**~~E~~nter the model number for the monitoring system control panel.
~~M0~~ 490-9. LEAK SENSOR MANUFACTURER – **If IV-1 is checked, e**~~E~~nter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.
~~M~~ 490-10. MODEL #(S) – **If IV-1 is checked, e**~~E~~nter the model number for each type of sensor installed. If additional space is needed, use Section X.
~~M~~ 490-11 IV-2 AUTOMATIC TANK GAUGING -Indicate if this method is used for monitoring the UST's.
~~M~~ 490-12. PANEL MANUFACTURER – If ~~item~~ IV-2 is checked; enter the name of the manufacturer of the leak monitoring system control panel (console).
~~M~~ 490-13. MODEL # – If ~~item~~ IV-2 is checked Enter the model number for the monitoring system control panel.
~~M~~ 490-14. IN-TANK PROBE MANUFACTURER – If ~~item~~ IV-2 is checked; enter the name of the manufacturer of the probe(s).
~~M~~ 490-15. MODEL #(S) – If ~~item~~ IV-2 is checked; enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.
~~M~~ 490-16. LEAK TEST FREQUENCY – If ~~item~~ IV-2 is checked; check the appropriate box to describe the in-tank leak test frequency.
~~M~~ 490-17. SPECIFY – If ~~item M~~490-16e is checked, enter the frequency of programmed leak tests.
~~M~~ 490-18. PROGRAMMED TESTS – If ~~item~~ IV-2 is checked; check the appropriate box to describe the tests programmed into the ATG system.
~~M~~ 490-19. SPECIFY – If ~~item M~~ 490-18c is checked, enter the frequency of in-tank leak testing.
~~M~~ 490-20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed .
~~M~~ 490-21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.
~~M~~ 490-22. TESTING PERIOD – If ~~item~~ IV-4 is checked, check the appropriate box to describe the MTG testing period.
~~M~~ 490-23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks
~~M~~ 490-24. TEST FREQUENCY – If ~~item~~ IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
~~M~~ 490-25. OTHER: If ~~item IV-5e~~ 490-24c is checked, specify other test frequency.
~~M~~ 490-26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.
~~M~~ 490-27. If ~~item~~ IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23 CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.
~~M~~ 490-28. V-1 CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS: Indicate~~d~~ if this is the monitoring method used for the piping.
~~M~~ 490-29. SECONDARY CONTAINMENT: If V-1 is checked: Check the appropriate box to describe the environment inside piping secondary containment.
~~M~~ 490-30. PANEL MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the monitoring system control panel (console).
~~M~~ 490-31. MODEL # – If V-1 is checked: enter the model number for the monitoring system control panel.
~~M~~ 490-32. LEAK SENSOR MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the sensor(s).
~~M~~ 490-33. MODEL #(S) – If V-1 is checked: enter the model number for each type of sensor installed. If additional space is needed, use Section X.
~~M~~ 490-34. PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.
~~M~~ 490-35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.
~~M~~ 490-36. V-2 ~~PIPE~~ MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.
~~M~~ 490-37. MLLD MANUFACTURER(S) – If V-2 is checked: enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.
~~M~~ 490-38. MODEL #(S) - If V-2 is checked: Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.
~~M~~ 490-39. V-3 ~~PIPE~~ ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.
~~M~~ 490-40. ELLD MANUFACTURER – If V-3 is checked: Enter the name of the manufacturer of the electronic line leak detector(s).
~~M~~ 490-41. MODEL #(S) If V-3 is checked; enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.

~~M~~ 490-42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked; check the appropriate box to describe the type of tests programmed into the monitoring system.
~~M~~ 490-43. ~~WILL~~ ELLD DETECTION OF A PIPING LEAK ALARM TRIGGERS PUMP SHUTDOWN~~?~~ – If ~~item~~ V-1 is checked, check Yes or No.
~~M~~ 490-44. ~~WILL~~ ELLD DETECTION OF A PIPING LEAK ~~DETECTION~~ FAILURE/DISCONNECTION TRIGGERS PUMP SHUTDOWN.~~?~~ – If ~~item~~ V-1 is checked, check Yes or No.
~~M~~ 490-45. V-4 PIPE INTEGRITY TESTING: Indicate if this monitoring method is used to monitor the pipelines.
~~M~~ 490-46. TEST FREQUENCY – If ~~item~~ V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
~~M~~ 490-47. SPECIFY – If ~~item~~ V-4-c is checked, enter the frequency of pipe integrity testing.
~~M~~ 490-48. V-5 VISUAL PIPE MONITORING : Indicate if this monitoring method is used to monitor the pipelines.
~~M~~ 490-49. If ~~item~~ V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
~~M~~ 490-50. SUCTION PIPING MEETS EXEMPTION CRITERIA. Indicate if this monitoring method is used to monitor the pipelines.
~~M~~ 490-51. NO REGULATED PIPING **PER HSC CHAPTER 6.7** ~~IN~~ **IS CONNECTED TO** THE TANK SYSTEM. Check this box if no~~ne of the~~ piping in the tank system is regulated under the UST law, or there is no piping.
~~M~~ 490-52. V-99 OTHER : Indicate if another method is used for pipeline monitoring.
~~M~~ 490-53. SPECIFY – ~~ENTER~~ **Enter** a brief description of the other line monitoring method(s) used. If additional space is needed, See Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
~~OPERATING PERMIT APPLICATION~~ MONITORING PLAN (Page 2 of 2)

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD: ~~M54~~ 490-54a 490-54b

☐ 1. **CONTINUOUS** ELECTRONIC ~~UDC~~ MONITORING ☐ **2. FLOAT AND CHAIN ASSEMBLY**
☐ **3. ELECTRONIC STAND ALONE** ☐ **4. NO DISPENSERS** ☐ **99. OTHER (Specify):**

PANEL MANUFACTURER: ~~M55~~ 490-55 | MODEL # ~~M56~~ 490-56

LEAK SENSOR MANUFACTURER: ~~M57~~ 490-57 | MODEL # (S) ~~M58~~ 490-58

☐ ~~A~~ **DETECTION OF A** LEAK ~~WITHIN~~ **INTO** THE UDC ~~CAUSES~~ **TRIGGERS** AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO ~~M59~~ 490-59

☐ ~~A~~ UDC LEAK ALARM ~~CAUSES~~ **TRIGGERS** AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☐ b. NO ~~M60~~ 490-60

☐ FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM **TRIGGERS** ~~CAUSES~~ AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO ~~M61~~ 490-61

~~2.~~ UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER ☐ **a. YES** ☐ **b. NO** ~~M62~~ 490-62

☐ ~~FLOAT AND CHAIN ASSEMBLY~~ ☐ ~~ELECTRONIC STAND ALONE~~ ☐ ~~OTHER: (Specify)~~

~~MANUFACTURER~~ **UDC CONSTRUCTION IS:** ☐ **1. SINGLE-WALLED** ☐ **2. DOUBLE-WALLED.** ~~M63~~ 490-63 | ~~MODEL #(S):~~ ~~M64~~

IF DOUBLE-WALLED :
UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ~~FILLED~~ ☐ 2. PRESSURE~~IZED~~ ☐ 3. VACUUM ☐ ~~4. NA~~ ~~M65a~~ 490-64a

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC ~~CAUSES~~ **TRIGGERS** AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO ~~M65b~~ 490-64b

☐ ~~4. NO DISPENSERS~~ ~~M66~~ ☐ ~~99. OTHER (Specify):~~ ~~M67~~ ~~M68~~

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: ~~I~~ **THIS FACILITY HAS** ~~HAVE~~ BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ~~I MUST PERFORM~~ ENHANCED LEAK DETECTION (ELD) **MUST BE PERFORMED** ~~FOR THE UST(S) COVERED BY THIS PLAN.~~ PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1) ~~M69~~ 490-65

☐ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. ~~M70~~ 490-66

☐ 3. SPILL BUCKETS ARE TESTED ANNUALLY. ~~M71~~ 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☐ Alarm logs ~~M72a~~ 490-68a ☐ Visual Inspection Records ~~M72b~~ 490-68b ☐ Tank integrity testing results ~~M72c~~ 490-68c
☐ SIR testing results (and supporting documentation records). ~~M72d~~ 490-68d ☐ Tank gauging results (and supporting documentation records). ~~M72e~~ 490-68e
☐ ATG Testing results (and supporting documentation records). ~~M72f~~ 490-68f ☐ Corrosion Protection 60-day logs ~~M72g~~ 490-68g

☐ Equipment maintenance and calibration records. ~~M72h~~ 490-68h

IX. TRAINING

☐ Personnel with UST monitoring responsibilities are familiar with all of the FOLLOWING documents relevant to their job duties ~~M73a~~ 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☐ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) ~~M73b~~ 490-69b
☐ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) ~~M73c~~ 490-69c
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS ~~M73d~~ 490-69d
☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW ~~M73e~~ 490-69e
☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" ~~M73f~~ 490-69f
☐ SWRCB PUBLICATION: "**UNDERSTANDING** AUTOMATIC TANK GAUGING **SYSTEMS**" ~~M73g~~ 490-69g
☐ OTHER (Specify): ~~M73h~~ ~~M73i~~ 490-69h, 490-69i

☐ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring ~~/ leak detection~~ equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in this UST ~~Monitoring~~ **Response** Plan
- Names ~~and~~ of contact person(s) for emergencies and ~~leak detection~~/monitoring alarms. ~~M74~~ 490-70

X. COMMENTS/ADDITIONAL INFORMATION

~~Attach~~ **Provide additional** comments **here or attach** ~~and~~ any additional information on specific monitoring procedures to this plan. ~~M75~~ 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ~~performing~~ **ensuring that: 1) the** daily/routine UST monitoring activities and ~~maintaining~~ **maintenance of** UST leak detection equipment covered by this plan **occurs, 2) and for investigation of** all conditions that indicate a possible release **are investigated**, and **3) proper** ~~maintenance of~~ all monitoring records **are maintained properly**. The following person(s) are ~~routinely on-site, and are~~ responsible for **performing** the ~~day-to-day~~ monitoring and equipment maintenance.

NAME ~~M76~~ 490-72 TITLE ~~M77~~ 490-73

NAME ~~M78~~ 490-74 TITLE ~~M79~~ 490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE	
CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.	
~~OWNER/OPERATOR~~ APPLICANT SIGNATURE REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner ~~M80 490-76~~	DATE: ~~M81 490-77~~
~~OWNER/OPERATOR~~ APPLICANT NAME(print): ~~M82 490-78~~	~~OWNER/OPERATOR~~ APPLICANT TITLE: ~~M83 490-79~~
(Agency Use Only) This plan has been reviewed and: ☐ Approved ☐ Approved With Conditions Local Agency Signature: Date: Comments or Special Conditions:	

UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

~~M~~ 490-54a ~~VI-1 CONTINUOUS~~ MONITORING OF **THE** UNDER DISPENSER CONTAINMENT: – ~~Check to identify if this method is used to monitor the UDC.~~ Indicate the method used for UDC monitoring.

490-54b SPECIFY-If 99 "Other" is checked, describe other method used.
If VI-1-1, VI-1-2 , VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b.

~~M~~ 490-55.PANEL MANUFACTURER – ~~If item VI-1 is checked, e~~Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

~~M~~ 490-56. MODEL # ~~If item VI-1 is checked, e~~Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

~~M~~ 490-57. LEAK SENSOR MANUFACTURER – ~~If item VI-1 is checked, e~~Enter the name of the manufacturer of the sensor(s).

~~M~~ 490-58. MODEL #(S) – ~~If item VI-1 is checked, e~~Enter the model number(s) for each type of sensor(s) installed. If additional space is needed, use Section X
~~If VI-1 is checked, check the appropriate boxes to indicate how the UDC leak detection will react.~~

~~M~~ 490-59. DETECTION OF A LEAK **INTO** ~~WITHIN~~ THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No

~~M~~ 490-60. ~~A~~ UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN~~?~~, Indicate Yes or No

~~M~~ 490-61. FAILURE/DISCONNECTION OF UDC MONITORING TRIGGERS AUTOMATIC PUMP SHUTDOWN~~?~~, Indicate Yes or No

~~M~~ 490-62. ~~VI-2 UDC MONITORING: Check to identify if this method is used to monitor the UDC.~~ UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER. Indicate Yes or No.

~~M~~ 490-63. UDC CONSTRUCTION: Indicate if the construction of the UDC is single-walled or double-walled.

~~MANUFACTURER – If item VI-2 is checked, enter the MANUFACTURER for each type of mechanical leak detection assembly installed.~~

~~M64. MODEL #(S) – If item VI-2 is checked, enter the model number for each type of mechanical leak detection assembly installed. If additional space is needed, use Section X.~~

~~M65a.~~ 490-64a. ~~UDC SECONDARY CONTAINMENT – Check the containment type if the UDC is DW. If not DW mark NA.~~ DOUBLE-WALLED INTERSTITIAL SPACE MONITORING: Indicate what is used to monitor the interstitial space.

~~M 65b.~~ 490-64b. ~~If VI-3 is checked indicate if a LEAK WITHIN THE SECONDARY CONTAIMENT OF UDC CAUSES AUDIBLE AND VISUAL ALARMS, Yes or No.~~ LEAK WITHIN THE SECONDARY CONTAIMENT OF UDC CAUSES AUDIBLE AND VISUAL ALARMS: Indicate Yes or No

~~M66. NO DISPENSERS, Check to identify if there are no dispensers in the system.~~

~~M67. VI-99 OTHER Check to identify if ANOTHER method is used to monitor the UDC~~

~~M68. SPECIFY – If item VI-99 is checked, enter a brief description of the other method(s) used to monitor the UDC. If additional space is needed, use Section IX.~~

~~M69~~ 490-65. VII-1 ELD TESTING Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).

~~M70~~ 490-66.TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS: Check the box if you have secondary containment that requires testing.

~~M71~~ 490-67.SPILL BUCKET TESTING: Check the box if you have spill buckets.

~~M72a-h~~ 490-68a-h. VIII RECORDKEEPING: Indicate which monitoring and equipment maintenance records are maintained for this facility.

~~M73a~~ 490-69a IX TRAINING STATEMENT: Check the box to verify that the statement is true.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that ~~items 1, 2, and 3~~ the first two items on the list must be kept at the facility.

~~M73b~~ 490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.

~~M73c~~ 490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.

~~M73d~~ 490-69d. CA UST REGULATIONS: Indicate that this is kept as a reference document.

~~M73e~~ 490-69e. CA UST LAW: Indicate that this is kept as a reference document.

~~M73f~~ 490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION: Indicate that this is kept as a reference document.

~~M73g~~ 490-69g. ~~VIII-IX-6~~ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" ~~"WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS~~: Indicate that this is kept as a reference document.

~~M73h~~ 490-69h. ~~VIII-99~~ IX-99 OTHER : Indicate that other reference documents are kept.

~~M73i~~ 490-69i. SPECIFY – If ~~item VIII-99~~ IX-99 "OTHER"is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed,SEE Section ~~I~~X.

~~M74~~ 490-70. DESIGNATED OPERATOR TRAINING: Check this box to verify that this statement is true.

~~M75~~ 490-71. COMMENTS/ADDITIONAL INFORMATION – You may attach additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.

~~M76~~ 490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.

~~M77~~ 490-73. TITLE - Enter the title of the person.

~~M78~~ 490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.

~~M79~~ 490-75. TITLE - Enter the title of the second person.

~~OWNER/OPERATOR~~ APPLICANT SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section ~~VIII~~ IX has been implemented. ~~Check the appropriate box to indicate whether the signer is the UST owner or operator.~~

~~M80~~ 490-76. REEPRESENTING– Check the appropriate box to indicate whether the signer is the UST owner/operator, the ~~or~~ UST facility owner/operator, or an authorized representative of the owner.

~~M81~~ 490-77. DATE – Enter the date the plan was signed.

~~M82~~ 490-78. ~~OWNER/OPERATOR~~ APPLICANT NAME – Print or type the name of the person signing the plan.

~~M83~~ 490-79. ~~OWNER/OPERATOR~~ APPLICANT TITLE – Enter the title of the person signing the plan.

Chapter 6 – Unified Program Consolidated Forms

On-site Tiered Permitting: Permit by Rule Page

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

PERMIT BY RULE PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply))

Unit ID# 606 Facility ID# 1 Page of 630

1. Aqueous waste containing hexavalent chromium may be treated by the following process:

☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. pH adjustment or neutralization
☐ b. Precipitation or crystallization
☐ c. Phase separation by filtration, centrifugation, or gravity settling
☐ d. Ion exchange
☐ e. Reverse osmosis
☐ f. Metallic replacement
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis.
☐ i. Electrowinning or electrolytic recovery.
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption.

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:
☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

_____Certified Technology Number

~~14. Aqueous wastes generated by rinsing products and fixtures holding products that were processed in cyanide containing solutions may be treated by the following technologies:~~
~~☐ Oxidation by addition of hypochlorite~~
~~☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light~~
~~☐ Alkaline chlorination~~
~~☐ Electrochemical oxidation~~

~~15. Aqueous wastes generated by regeneration of demineralizer (ion exchange) columns that were used for recycling of wastewaters at facilities that have eliminated the discharge of wastewaters (other than sanitary discharges) may be treated by the following technologies:~~
~~☐ Oxidation by addition of hypochlorite~~
~~☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light~~
~~☐ Alkaline chlorination~~
~~☐ Electrochemical oxidation~~

~~16. Rinsate from rinsing equipment used to transfer aqueous solutions containing cyanides such as containers, pumps, and hoses may be treated by the following technologies:~~
~~☐ Oxidation by addition of hypochlorite~~
~~☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light~~
~~☐ Alkaline chlorination~~
~~☐ Electrochemical oxidation~~

~~17. Process solutions with recoverable amounts of metal may be treated by the following technology:~~
~~☐ Electrowinning to recover metals prior to further treatment, including destruction of incidental amounts of cyanide by electrochemical oxidation resulting from the electrowinning process~~

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC §25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, ~~**Appendix C, the Business Section of the Unified Program Data Dictionary.** **division 3, subdivision 1, chapters 1-5.**~~)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW 629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA 630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR 631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd.
	Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text
California Environmental Protection Agency Reference Number: U-2007-01

Amend sections 15290 and 15400.1. of the California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, part II, articles 6 and 9 to read as follows:

§ 15290. What reports must the CUPA submit to the State?

(a) continued
(b) continued

(c) On a semi-annual basis, each CUPA shall send information pertaining to local underground storage tank program implementation to the State Water Resources Control Board using Semi-Annual Underground Storage Tank (UST) Program Report, Report 6. This report shall satisfy the requirements of Health and Safety Code, section 25299.7(b) and CCR title 23, section 2713.

(1) Semi-Annual Underground Storage Tank (UST) Program Report provides information on semi-annual changes to the number of regulated tank facilities; the number of active and permanently closed petroleum and non-petroleum tank systems; the number of completed UST facility inspections; a count of active UST facilities in compliance with release detection and release prevention requirements; and information regarding red tags issued pursuant to CCR, title 23, article 10.5. The CUPA will also review and verify the information shown from the previous reporting period and make any appropriate changes.

(2) The semi-annual reports shall be submitted by March 1 and September 1 to the:

State Water Resources Control Board, Division of Water Quality, UST Program, P.O. Box 2231 Sacramento, CA 95812-2231.

(d) continued
(e) continued
(f) continued
(g) continued
(h) continued
(i) continued
(j) continued

Authority cited: Sections 25404(b), (c), (d) and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25299.3(b), 25404(b), (c) and (d), 25404.4(a)(1) and 25404.5(b), Health and Safety Code.

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text
California Environmental Protection Agency Reference Number: U-2007-01

§15400.1. What is the format of the UPCF and its required elements?

(a) The format of the UPCF refers to the way it is organized [see Figure 5]. The UPCF contains the following sections:
(1) Facility Information, to be completed by all regulated businesses:
(A) Business Activities
(B) Business Owner/Operator Identification (OES Form 2730)
(2) Hazardous Materials:
(A) Hazardous Materials Inventory-Chemical Description (OES Form 2731)
(3) Tanks:
(A) Underground Storage Tank Operating Permit Application- Facility Information
(B) Underground Storage Tank Operating Permit Application Tank Information
(C Underground Storage Tank Certification of Installation/Modification
(D) Underground Storage Tank Monitoring Plan
(4) Hazardous Waste

A) Recyclable Materials Report (per Health and Safety Code, Section 25143.10)

(B) Onsite Hazardous Waste Treatment Notification-Facility (formerly DTSC Form 1772)

(C) Onsite Hazardous Waste Treatment Notification-Unit (formerly DTSC Forms 1772A, B, C, D, E, and L)

(D) Certification of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (formerly DTSC Form 1232)

(E) Remote Waste Consolidation Site Annual Notification (formerly DTSC Form 1196)

(F) Hazardous Waste Tank Closure Certification (formerly DTSC Form 1249)

(b) continued

Authority cited: Sections 25404(b), (c), (d), and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25143.10, 25144.6, 25200.3, 25200.14, 25201, 25201.4.1, 25201.5, 25201.13, 25218.2, 25218.9, 25245.4, 25286, 25287, 25503.5, 25505, 25506 and 25509, Health and Safety Code.

Reports
3, 4, 6

Report 3

UNIFIED PROGRAM
ANNUAL INSPECTION SUMMARY REPORT
27 CCR § 15290

Completed By: _____ (print name)

Date Submitted: _____

Fiscal Year: _____

CUPA Name: _____

Telephone Number: ( ) _____

PROGRAM ELEMENTS	1 No. of Regulated Businesses in each Program Element	2 No. of Regulated Businesses Inspected in each Program Element	3 Number of Routine Inspections	4 % of Routine Inspections w/Class I or II violation that RTC w/in 90 Days	5 Number of Other Inspections
Hazardous Materials Release Response Plans (HMRRP)					
California Accidental Release Prevention (CalARP)					
Underground Storage Tank (UST) Facilities					
Aboveground Petroleum Storage Tank (AST) Facilities					
Hazardous Waste Generators					
Generators (ALL)					
RCRA Large Quantity Generators					
Onsite Hazardous Waste Treatment (PBR, CA, CE)					
Household HW (HHW)					
Recyclers					

Report 4

UNIFIED PROGRAM
ANNUAL ENFORCEMENT SUMMARY REPORT
27 CCR § 15290

Completed By: _____ (print name)

Date Submitted: _____

Fiscal Year: _____

CUPA Name: _____

Telephone Number: ( ) _____

VIOLATIONS INFORMATION				ENFORCEMENT ACTIONS TAKEN								
PROGRAM ELEMENTS	Number of Facilities with Violation Type			No. of Informal Actions	No. of Formal Actions	Number of Local AEOs	Total Number of AEOs	AEOs Issued within 240 Days	Number of Civil/Criminal Referrals		Cash Fines/Penalties Imposed	Value of SEP Penalties Imposed
	Class I	Class II	Minor						Total Number	Referred within 360 Days		
Hazardous Materials Release Response Plans (HMRRP)												
California Accidental Release Prevention (CalARP)												
Underground Storage Tank (UST) Facilities												
Aboveground Petroleum Storage Tank (AST) Facilities												
Hazardous Waste Generators												
Generators (ALL)												
RCRA Large Quantity Generators (LQG)												
Hazardous Waste Treatment (PBR, CA, CE)												
Household Hazardous Waste (HHW)												
Recyclers												

UNIFIED PROGRAM REPORT 6 (Side One)

SEMI-ANNUAL UNDERGROUND STORAGE TANK (UST) PROGRAM REPORT

27 CCR §15290 and 23 CCR § 2713

AGENCY CODE	REPORT FOR (Reporting Period, Year)
AGENCY NAME	
ADDRESS	
CITY, STATE, ZIP	
PERSON COMPLETING FORM	
PHONE NUMBER	
EMAIL ADDRESS	

STATUS OR ACTIVITY	Column A (1) Total number as of previous reporting period	Column B Number of new facilities or systems this reporting period	Column C Number of facilities or systems permanently closed this reporting period
1. Regulated facilities with UST systems			
2. Active Petroleum UST systems			
3. Active Non-petroleum UST systems			
		Total number this reporting period	
4. UST facility inspections			
a. Facilities in compliance with release detection requirements only			
b. Facilities in compliance with release prevention requirements only			
c. Facilities in compliance with both release detection and release prevention requirements			
d. Facilities with one or more violations of both release detection and release prevention requirements			

1. If you have any corrections to numbers in Column A, please explain here: ±

{i.e. Item I: -2 [2 *facilities closed*] }

RED TAG ☐ There were no Red Tags issued during this reporting period.

To Report Red Tag information – please use other side of this form or use Side Two of this form if responding electronically.

UNIFIED PROGRAM REPORT 6 (Side Two)

AGENCY CODE	**REPORT FOR** (Reporting Period, Year)

5. Number of red tags issued for significant violations		

Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. (**Please note: the Name entry cell below will wrap text so just use commas between name, street, etc, do not hit enter)**

a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3)^2
Tank Operator Name				

2. ***SIGNIFICANT VIOLATION NUMBER ENTERED IS FOR REASON BELOW***

1. **liquid release 2. impair leak detection 3. chronic/recalcitrant owner/operator**

Red Tag Information Contact Person (if different from person completing form on Side One)

____

Name, phone number, and email address

Chapter 1 – Facility Information

California Code of Regulations, title 27, division 3, subdivision 1, chapter 1. Facility Information

1. Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA Identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number usually starts with the letters 'CA'. The number can be obtained from the Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
4	Hazardous Materials On Site	Y or N	1	AN	Business must report that it has hazardous materials on site if: - it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure), - it is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A, - radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with those regulations. Triggers requirement for chemical description data elements.
4a	CalARP Regulated Substances	Y or N	1	AN	Business must report that it has Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP).
5	Own or Operate Underground Storage Tank	Y or N	1	AN	Facility must report if it owns or operates USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST facility and tank data elements.
6	Upgrade/Install Underground Storage Tank	Y or N	1	AN	Facility must report if it intends to install or upgrade USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST installation data elements.
7	Underground Storage Tank Closure	Y or N	1	AN	Facility must report if a UST which held hazardous materials is being closed in place. Triggers requirement for UST closure data elements.
8	Own or Operate Aboveground Petroleum Storage Tank	Y or N	1	AN	Facility must report if it stores petroleum in aboveground tanks. "Petroleum" means crude oil or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2(g)). The facility must report if any ASTs total facility storage capacity (aggregate) exceeds 1320 gallons. "Storage tank" does not include any of the following: - a pressure vessel or boiler which is subject to Division 5 of the Labor Code, - a storage tank containing hazardous waste if a hazardous waste facilities permit has been issued for the storage tank by DTSC, - an aboveground oil production tank which is regulated by the Division of Oil and Gas, or - certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

1. Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
9	Hazardous Waste Generator	Y or N	1	AN	Facility must report if it generates hazardous waste. "Hazardous waste" means a waste that meets any of the criteria for the identification of a hazardous waste adopted by the department pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, RCRA hazardous waste. Unless expressly provided otherwise, the term "hazardous waste" shall be understood to also include extremely hazardous waste and acutely hazardous waste. Triggers requirement to obtain and provide EPA Identification number.
10	Recycle	Y or N	1	AN	Facility must report if it recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption pursuant to HSC.25143.2. This includes onsite and offsite facilities that recycle under this law. Triggers requirement for Recyclable Materials data elements. Persons that send recyclable material offsite to be recycled and that do not recycle onsite are not included in this category.
11	Onsite Hazardous Waste Treatment	Y or N	1	AN	Facility must report if it treats hazardous waste under an onsite tier. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC 25123.5(b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require treatment. Refer to HSC25200.3.1 for specific information. Contact CUPA to determine if any exemptions or exclusions apply. Triggers requirement for onsite hazardous waste treatment data elements.
12	Financial Assurance	Y or N	1	AN	Facilities that treat hazardous waste under PBR or CA tiers are required to provide financial assurance for closure costs (per 22 CCR 67450.13(b), HSC 25245.4), unless they are exempt. Triggers requirement for financial assurance data elements.
13	Remote Waste Consolidation Site	Y or N	1	AN	Facilities must report if they collect hazardous waste initially at remote sites and subsequently transport the hazardous waste to a consolidation site they operate pursuant to HSC 25110.10. Triggers requirement for remote hazardous waste consolidation data elements.
14	Hazardous Waste Tank Closure	Y or N	1	AN	Facilities must report if the tank being closed would be classified as hazardous waste, after its contents are removed. Classification could be based on: - the facility's knowledge of the tank and its contents, - testing of the tank, - inability to remove hazardous materials stored in the tank, - the mixture rule, or - the listed wastes in 40 CFR 261.31, 40 CFR 261.32. Triggers requirement for hazardous waste data elements.
14a	RCRA Large Quantity Generator (LQG)	Y or N	1	AN	Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220

1. Business Activities					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.
14b	HHW Collection	Y or N	1	AN	Facilities must report if they collect hazardous waste as a Household Hazardous Waste (HHW) Collection site.
15	Local Requirements				For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Business Owner / Operator Identification					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
100	Beginning Date	YYYYMMDD	8	D	Beginning year and date of report.
101	Ending Date	YYYYMMDD	8	D	Ending year and date of report.
102	Business Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of this site.
102a	Business Fax	Area code + 7 digit phone number + extension	15	AN	Fax number of this site.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
105	Zip Code (Business)	Postal standard	9	AN	Zip code of business site.
106	Dun & Bradstreet	D-U-N-S (data universal numbering system) 9 digit number	9	AN	Dun & Bradstreet D-U-N-S number for facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107	SIC Code	Standard Industrial Classification (SIC) Code 4 digit number	4	AN	Standard Industrial Classification (SIC) Code number for primary business activity. If code is more than 4 digits, report only the first four.
107a	NAICS Code	North American Industrial Classification System (NAICS) Number	6	AN	Standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. Will replace SIC Code.
108	County		20	AN	County in which business site is located.
108a	Business Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of business, if different from business site address.
108b	Business City	Postal standard	20	AN	City for business mailing address.
108c	Business State	Postal standard	2	AN	State for business mailing address.
108d	Business Zip Code	Postal standard	9	AN	Zip code for business mailing address.

Business Owner / Operator Identification					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
109	Business Operator Name		35	AN	Name of business operator.
110	Business Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business operator, if different from business phone.
111	Business Owner Name		35	AN	Name of business owner, if different from business operator.
112	Business Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business owner, if different from business phone.
113	Business Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of owner, if different from business site address.
114	Business Owner City	Postal standard	20	AN	City for owner's mailing address.
115	Business Owner State	Postal standard	2	AN	State for owner's mailing address.
116	Business Owner Zip Code	Postal standard	9	AN	Zip code for owner's mailing address.
117	Environmental Contact Name		35	AN	Name of person, if different from the business owner/operator, who receives all environmental correspondence and will respond to enforcement activity.
118	Environmental Contact Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of environmental contact, if different from business owner or operator.
119	Environmental Contact Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address for all environmental contact correspondence, if different from the site address.
119a	Environmental Contact Email Address		70	AN	Emailing address for all environmental contact correspondence.
120	Environmental Contact City	Postal standard	20	AN	City for environmental contact's mailing address.
121	Environmental Contact State	Postal standard	2	AN	State for environmental contact's mailing address.
122	Environmental Contact Zip Code	Postal standard	9	AN	Zip code for environmental contact's mailing address.
123	Primary Emergency Contact Name		35	AN	Name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124	Primary Emergency Contact Title		35	AN	Title of primary emergency contact.
125	Primary Emergency Contact Business Phone Number	Area code + 7 digit phone number + extension	15	AN	Business phone number of primary emergency contact.
126	Primary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for primary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
127	Primary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for primary emergency contact, if available.
128	Secondary Emergency Contact Name		35	AN	Name of secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident

Business Owner / Operator Identification					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					mitigation.
129	Secondary Emergency Contact Title		35	AN	Title of secondary emergency contact.
130	Secondary Emergency Contact Business Phone	Area code + 7 digit phone number + extension	15	AN	Business phone number of secondary emergency contact.
131	Secondary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for secondary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
132	Secondary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for secondary emergency contact, if available.
133	Additional Locally Collected Information	Narrative	255	AN	For local use only. This space may be used for CUPAs or agencies authorized by the Secretary pursuant to HSC 25404.3(f)(2) to collect any additional information necessary to meet the requirements of their individual programs. Contact local agency for guidance.
134	Date Identification Signed	YYYYMMDD	8	D	Date the document was signed.
135	Document Preparer Name (Identification)		35	AN	Full name of person who prepared the submittal information.
136	Name of Signer of Identification		35	AN	Full name of person signing the page. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137	Title of Signer of Identification		35	AN	Title of person signing the page.

Chapter 2 – Hazardous Materials

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
200	Add / Delete / Revise	a = add d = delete r = revise	1		Indicates if material is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. Not required for electronic data collection. NOTE: This field may be empty if entire inventory is resubmitted annually.
201	Chemical Location (Inventory)	Narrative	140	AN	Building or outside/adjacent area where hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, may be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
202	Chemical Location Confidential - EPCRA	Y or N	1	AN	If the business is subject to the Emergency Planning and Community Right to Know Act (EPCRA) this field indicates whether the business wishes to keep chemical location information confidential.
203	Map Number	Optional field	15	AN	If a map is included, number of map on which the location of the hazardous material is shown.
204	Grid Number	Optional field	15	AN	If grid coordinates are used, coordinates of map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205	Chemical Name	Narrative	60	AN	Proper chemical name associated to the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the □common name" field instead.
206	Trade Secret	Y or N	1	AN	Indicates if information in this section is declared a trade secret. If business is not subject to EPCRA, trade secret information is bound by State requirements, as defined in HSC 25511. If business is subject to EPCRA, trade secret information is bound by Federal requirements, as defined in 40 CFR and business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207	Common Name (Inventory)		60	AN	Common name or trade name of hazardous material or mixture containing a hazardous material.
208	EHS	Y or N	1	AN	Indicates if hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR Part 355, Appendix A. If the material is a mixture containing an EHS, do not complete this field; report on the individual hazardous components in the appropriate section below.
209	CAS #	Chemical Abstract Service number	15	AN	Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS # of the mixture if it has been assigned a number distinct

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					from its components. If the mixture has no CAS #, do not complete this field; report the CAS #s of the individual hazardous components in the appropriate section below.
210	Fire Code Hazard Classes	Narrative	60	AN	May be required by the CUPA. Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. A list of the various hazard classes and instructions on how to determine which class a material falls under are included in the appendices of the Uniform Fire Code Article 80. If a material has more than one applicable hazard class, include all. Contact CUPA for guidance.
211	Hazardous Material Type (Inventory)	a = pure b = mixture c = waste	1	AN	Type of hazardous material. If waste material, check only that box. If mixture or waste, complete the individual hazardous components section below.
212	Radioactive	Y or N	1	AN	Indicates whether the hazardous material stored is radioactive.
213	Curies	9 digits with floating decimal	10	N	Activity in curies if the hazardous materials stored is radioactive.
214	Physical State	a = solid b = liquid c = gas	1	AN	Physical state of the hazardous material stored.
215	Largest Container	Maximum 13 digit number, report units in item 221.	13	N	Total capacity of largest container in which material is stored.
216a	Federal Hazard Category = fire	Y or N	1	AN	Physical and health hazards associated with hazardous material. FIRE: Flammable liquids and solids, combustible liquids, pyrophorics, oxidizers.
216b	Federal Hazard Category = reactive	Y or N	1	AN	Physical and health hazards associated with hazardous material. REACTIVE: Unstable reactive, organic peroxides, water reactive, radioactive.
216c	Federal Hazard Category = pressure release	Y or N	1	AN	Physical and health hazards associated with hazardous material. PRESSURE RELEASE: Explosives, compressed gases, blasting agents.
216d	Federal Hazard Category = acute health	Y or N	1	AN	Physical and health hazards associated with hazardous material. ACUTE HEALTH (Immediate): Highly toxic, toxic, irritants, sensitizers, corrosives, other hazardous chemicals with an adverse effect with short term exposure.
216e	Federal Hazard Category = chronic health	Y or N	1	AN	Physical and health hazards associated with hazardous material. CHRONIC HEALTH (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.
217	Average Daily Amount	Maximum 15 digit number. This amount should be consistent with the units reported in item 221. NOTE: This amount should not exceed that of maximum daily amount.	15	N	Average daily amount of hazardous material or mixture containing a hazardous material in each building or adjacent/outside area. Calculations are based on previous year's inventory of material reported on this page by totaling all daily amounts and dividing by the number of days the chemical will be present on the site. If this is a material that has not previously been present at this location the amount is the average daily amount projected to be on hand during the course of the year.
218	Maximum Daily Amount	Maximum 15 digit number.	15	N	Maximum amount of each hazardous material or

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		This amount should be consistent with the units reported in item 221.			mixture containing a hazardous material handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year.
219	Annual Waste Amount	Maximum 15 digit number	15	N	Estimate of annual amount handled, if the hazardous material is a waste.
220	State Waste Code	California 3-digit hazardous code	3	AN	California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest, if the hazardous material is a hazardous waste.
221	Units (Inventory)	a = cubic feet b = pounds c = tons d = gallons	1	AN	Unit of measure which is most appropriate for the material being reported on this page. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222	Days on Site		3	N	Total number of days during the year material is on site.
223a	Storage Container = aboveground tank	Y or N	1	AN	Type of storage container in which hazardous material is stored.
223b	Storage Container = underground tank	Y or N	1	AN	See description in item 223a above.
223c	Storage Container = tank inside building	Y or N	1	AN	See description in item 223a above.
223d	Storage Container = steel drum	Y or N	1	AN	See description in item 223a above.
223e	Storage Container = plastic / nonmetallic drum	Y or N	1	AN	See description in item 223a above.
223f	Storage Container = can	Y or N	1	AN	See description in item 223a above.
223g	Storage Container = carboy	Y or N	1	AN	See description in item 223a above.
223h	Storage Container = silo	Y or N	1	AN	See description in item 223a above.
223i	Storage Container = fiber drum	Y or N	1	AN	See description in item 223a above.
223j	Storage Container = bag	Y or N	1	AN	See description in item 223a above.
223k	Storage Container = box	Y or N	1	AN	See description in item 223a above.
223l	Storage Container = cylinder	Y or N	1	AN	See description in item 223a above.
223m	Storage Container = glass bottle	Y or N	1	AN	See description in item 223a above.
223n	Storage Container = plastic bottle	Y or N	1	AN	See description in item 223a above.
223o	Storage Container = tote bin	Y or N	1	AN	See description in item 223a above.

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
223p	Storage Container = tank truck, tank wagon	Y or N	1	AN	See description in item 223a above.
223q	Storage Container = tank car, rail car	Y or N	1	AN	See description in item 223a above.
223r	Storage Container = other	Narrative	30	AN	See description in item 223a above.
224	Storage Pressure	a = ambient b = below ambient c = above ambient	1	AN	Pressure at which hazardous material is stored.
225	Storage Temperature	a = ambient b = below ambient c = above ambient d = cryogenic	1	AN	Temperature at which hazardous material is stored.
226	Hazardous Component 1 Percent by Weight	2.2 (implied decimal)	4	N	Percentage weight of hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range.
227	Hazardous Component 1 Name	Narrative	80	AN	Chemical name of hazardous component in a mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, the business may submit an additional sheet of paper to capture the required information. Information on more than five components is not submitted electronically unless the CUPA has established local standards. When reporting a waste mixture, mineral and chemical composition should be listed.
228	Hazardous Component 1 EHS	Y or N	1	AN	Indicates if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR Part 355.
229	Hazardous Component 1 CAS #		15	AN	Chemical Abstract Service (CAS) number related to hazardous component in the mixture.
230	Hazardous Component 2 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
231	Hazardous Component 2 Name		80	AN	See description in item 227.
232	Hazardous Component 2 EHS	Y or N	1	AN	See description in item 228.
233	Hazardous Component 2 CAS #		15	AN	See description in item 229.
234	Hazardous Component 3 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
235	Hazardous Component 3 Name		80	AN	See description in item 227.
236	Hazardous Component 3 EHS	Y or N	1	AN	See description in item 228.
237	Hazardous Component 3 CAS #		15	AN	See description in item 229.

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
238	Hazardous Component 4 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
239	Hazardous Component 4 Name		80	AN	See description in item 227.
240	Hazardous Component 4 EHS	Y or N	1	AN	See description in item 228.
241	Hazardous Component 4 CAS #		15	AN	See description in item 229.
242	Hazardous Component 5 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
243	Hazardous Component 5 Name		80	AN	See description in item 227.
244	Hazardous Component 5 EHS	Y or N	1	AN	See description in item 228.
245	Hazardous Component 5 CAS #		15	AN	See description in item 229.
If more than five hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, the information is not submitted electronically unless the CUPA has established local data standards.					
246	Additional Locally Collected Information		255	AN	For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Chapter 3 – Tanks

California Code of Regulations, title 27, division 3, subdivision 1, chapter 1. Facility Information

Chapter 3. UNDERGROUND STORAGE TANK A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
400	Type of Action	1 = new permit 3 = renewal permit 5 = change of information 6 = temporary facility closure 7 = permanent facility closure 9 =Transfer Permit	1	AN	Reason page is being submitted.
403	Facility-Type (UST Facility)	1 = motor vehicle fueling 2 = fuel distribution 3 = farm 4 = processor 6 = other	1	AN	Type of UST facility.
404	Total Number of USTs at Facility		4	N	Number of USTs remaining on the site after requested action.
405	Indian or Trust Land	Y or N	1	AN	Indicates if facility is located on Indian reservation or other trust lands.
406	Supervisor of Division, Section, or Office (Required for Public Agencies Only)		35	AN	Contact person for tank records, if facility owner is a public agency.
407	Property Owner Name		35	AN	Name of property owner.
408	Property Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of property owner.
409	Property Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of property owner.
410	Property Owner City	Postal standard	20	AN	City of property owner.
411	Property Owner State	Valid 2-digit state code	2	AN	State of property owner.
412	Property Owner Zip Code	Postal standard	9	AN	Zip code of property owner.
414	Tank Owner Name		35	AN	Name of tank owner.
415	Tank Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
416	Tank Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of tank owner, if different from business owner.

Chapter 3. UNDERGROUND STORAGE TANK A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
417	Tank Owner City	Postal standard	20	AN	City of tank owner, if different from business owner.
418	Tank Owner State	Valid 2-digit state code	2	AN	State of tank owner, if different from business owner.
419	Tank Owner Zip Code	Postal standard	9	AN	Zip code of tank owner, if different from business owner.
420	Tank Owner Type	4 = local agency / district 5 = county agency 6 = state agency 7 = federal agency 8 = non-government	1	AN	Type of UST ownership.
421	BOE Number	BOE 8 digit number, first two digits = 44	8	AN	Board of Equalization (BOE) UST storage fee account number. This number is required before a permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the $0.014 per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at the following address: State Board of Equalization Fuel Industry Section, MIC:30 P.O. Box 942879 Sacramento, CA 94279-0030
422-1	Petroleum UST Financial Responsibility Code = self-insured	Y or N	1	AN	Method(s) used by owner and/or operator in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.
422-2	Petroleum UST Financial Responsibility Code = guarantee	Y or N	1	AN	See description in item 422-1.
422-3	Petroleum UST Financial Responsibility Code = insurance	Y or N	1	AN	See description in item 422-1.
422-4	Petroleum UST Financial Responsibility Code = surety bond	Y or N	1	AN	See description in item 422-1.
422-5	Petroleum UST Financial Responsibility Code = letter of credit	Y or N	1	AN	See description in item 422-1.
422-6	Petroleum \UST Financial Responsibility Code = exemption	Y or N	1	AN	See description in item 422-1.
422-8	Petroleum UST Financial Responsibility Code = State Fund and CFO	Y or N	1	AN	See description in item 422-1.

Chapter 3. UNDERGROUND STORAGE TANK A. UST Operating Permit Application-Facility Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	letter				
422-9	Petroleum UST Financial Responsibility Code = State Fund and CD	Y or N	1	AN	See description in item 422-1.
422-10	Petroleum UST Financial Responsibility Code = local government mechanism	Y or N	1	AN	See description in item 422-1.
422-99	Petroleum UST Financial Responsibility Code = other	Narrative	30	AN	See description in item 422-1.
423	Permit Holder Information	1 = facility owner 3 = tank owner 4 = tank operator 5 = facility operator	1	AN	Party to whom UST permit is to issued and legal notifications and mailings should be sent.
424	Date Certified (UST Facility)	YYYYMMDD	8	D	Date the page was signed.
425	Applicant Phone (UST Facility)	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
426	Applicant Name (UST Facility)		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete. The applicant may be the Owner/Operator or officially designated representative.
427	Applicant Title (UST Facility)		35	AN	Title of person signing the page.
428-1	Tank Operator Name		35	AN	Name of UST operator.
428-2	Tank Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of UST operator, if different from business owner on UPCF Business Owner/Operator Identification page.
428-3	Tank Operator Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of UST operator, if different from business owner.
428-4	Tank Operator City	Postal standard	20	AN	City of UST operator, if different from business owner.
428-5	Tank Operator State	Valid 2-digit state code	2	AN	State of UST operator, if different from business owner.
428-6	Tank Operator Zip Code	Postal standard	9	AN	Zip code of UST operator, if different from business owner.

B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county- 3 AN jurisdiction 6 AN facility number.	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
430	Type of Action (UST Tank)	1 = new permit 3 = renewal permit 5 = change of information 6 = temporary UST closure 7 = UST permanent closure on site 8 = UST removal	1	AN	Reason page is being submitted.
430-a	Date UST Permanently Closed	YYYYMMDD	8	D	Date the UST was permanently closed.
430-b	Date Existing UST Discovered	YYYYMMDD	8	D	Date the existing UST was discovered.
401	Tank ID #		6	AN	This is a unique tank number used by the owner and Local Agency to identify the tank. The Local Agency will assign the Tank ID# as the permanent State tank identification number.
433	Tank Manufacturer		30	AN	Name of company that manufactured tank.
434	Tank Configuration	1= A stand-alone tank 2= One in a compartmented unit.	1	AN	Indicates if the tank is a stand-alone tank or is part pf a compartmentalized unit. Each compartment is considered a separate tank and requires the completion of separate tank forms.
435	Date UST System Installed	YYYYMM	6	D	Year and month the tank installation was completed.
436	Tank Capacity In Gallons		7	N	The number of gallons the tank will hold.
437	Compartments in the Unit		2	AN	Number of compartments within a single secondary containment unit if more than one.
438	Additional Description	Narrative	70	AN	For local use only. Additional tank or location description/information.

B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
439	Tank Use	1a = motor vehicle fueling 1b = marina fueling 1c = aviation fueling 03 = chemical product storage 04 = hazardous waste (includes used oil) 05 = emergency generator fuel 06 = other generator fuel 95 = unknown 99 = other	2	AN	Activity that the tank use supports.
439a	Specify Other	Narrative	15	AN	Specify other tank use.
440	Tank Contents	1a = regular unleaded 1b = premium unleaded 1c = midgrade unleaded 03 = diesel 05 = jet fuel 06 = aviation gas 07 = used oil 08 = petroleum blend fuel 09 = other petroleum 10 = ethanol 11 = other non-petroleum	2	AN	Substance stored in UST.
440a	Specify Other Petroleum	Narrative	15	AN	Specify other petroleum contents.
440b	Specify Other Non-Petroleum	Narrative	15	AN	Specify other non-petroleum contents.
443	Type of Tank	01 = single wall 02 = double wall 95 = unknown	2	AN	Type of tank construction.
444	Tank Primary Containment Construction	01 = steel 03 = fiberglass 06 = internal bladder 07 = steel + internal lining 95 = unknown 99 = other	2	AN	Construction material of the primary tank.
444a	Specify Other	Narrative	15	AN	Specify other construction of the primary containment.
445	Tank Secondary Containment Construction	01 = steel 03 = fiberglass 06 = exterior membrane liner 07 = jacketed 90 = none 95 = unknown 99 = other	2	AN	Construction material of the secondary tank.

B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
445a	Specify Other	Narrative	15	AN	Specify other construction of the primary containment.
448	Steel Component Protection	02 = sacrificial anode(s) 04 = impressed current 06 = isolation 90 = none	2	AN	Other tank corrosion protection methods, if applicable.
451-a	1. spill bucket installed	Y or N	1	AN	Indicates that spill buckets are installed.
451-b	3. striker plate / bottom protector installed	Y or N	1	AN	Indicates that a striker plate or bottom protector has been installed.
451-c	4 containment sump	Y or N	1	AN	Indicates that the fill has a containment sump
452	Overfill Prevention	01 = audible & visual alarms 02 = Ball float 03 = fill tube shut-off valve 04 = exempt	2	AN	Overfill prevention hardware installed in UST system.
458	Piping System Type	01 = pressure 02 = gravity 03 = conventional suction 04 = 23 CCR §2636(a)(3) suction	2	AN	Type of underground piping system.
460	Piping Construction	01 = Single-walled 02 = Double-walled 99 = Other	2	AN	Type of underground piping construction.
464	Product/Waste Piping Primary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	Construction material of the primary product/waste piping.
464a	Specify Other	Narrative	15	AN	Describe other construction.
464b	Product/Waste Piping Secondary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	Construction material of the secondary product/waste piping.
464c	Specify Other	Narrative	15	AN	Describe other construction.
464d	Piping/Turbine Containment Sump	01 = Single-walled 02 = Double-walled 03 = None	2	AN	Designates type of Turbine Containment Sump
464e	Vent Piping Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary vent piping.

B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
464e1	Specify other vent primary containment construction	Narrative	15	AN	Describe other vent primary containment construction material.
464f	Vent Piping Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the secondary vent piping.
464f1	Specify other vent secondary containment construction	Narrative	15	AN	Describe other vent secondary containment construction material.
464g	Vapor Recovery Piping Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary vapor recovery piping.
464g1	Specify other vapor recovery primary containment construction	Narrative	15	AN	Describe other vapor recovery primary containment construction material.
464h	Vapor Recovery Piping Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the secondary vapor recovery piping.
464h1	Specify other vapor recovery secondary containment construction	Narrative	15	AN	Describe other vapor recovery secondary containment construction material.
464i	Vent Piping Transition Sumps	01 = Single-walled 02 = Double-walled 03 = None	2	AN	Type of Vent piping transition sumps.
464j	Riser Pipe Primary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the primary riser piping.
464j1	Specify other riser pipe primary containment construction	Narrative	15	AN	Describe other riser pipe primary containment construction material.
464k	Riser Pipe Secondary Containment Construction	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	Construction material of the riser pipe secondary containment.
464k1	Specify other riser pipe secondary containment construction	Narrative	15	AN	Describe other riser pipe secondary containment construction material.
469a	Under Dispenser Containment Construction Type	01 = Single-walled 02 = Double-walled 03 = No Dispensers	2	AN	Type of Construction of the under dispenser containment sump(s) / pan(s).
469b	Under Dispenser Containment (UDC) Construction Material	01 = steel 04 = fiberglass 10 = rigid plastic 15 = concrete 90 = none 99 = other	2	AN	Construction material of the under dispenser containment sump(s) / pan(s).
469c	Specify Other	Narrative	15	AN	Specify other UDC construction material.

B. UST Operating Permit Application Tank Information					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
470	Date Certified	YYYYMMDD	8	D	Date the document was signed.
471	Applicant Name		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete.
472	Applicant Title		35	AN	Title of person signing the page.

C. UST Certification of Installation / Modification					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
482a	Name of Contractor Who Performed Installation/ Modification		20	AN	Name of contractor.
482b	Contractors License Number		20	AN	Contractors License Number who performed the work.
482c	ICC Cert. #		10	AN	Contractors ICC Certification Number.
483a	Type of Project	01 = Tank Installation or Replacement 02 = Piping Installation or Replacement 03 = Sump Installation or Replacement 04 = Under Dispenser containment Installation or Replacement 05 = Other	2	AN	Description of type of installation.
483b	Work Authorized under Permit (Number or Date)		10	AN	Indicates permit number or date of permit authorizing the work being certified.
483c	Description of work being certified.	Narrative	300	AN	Description of installation or modification.
484	Date Certified	YYYYMMDD	8	D	Date tank installation certification was signed.
485	Certifier's Name		35	AN	Name of tank owner or officially designated representative of the owner. The signer certifies to a belief that all the information submitted is accurate and complete.
486	Certifier's Title		35	AN	Title of person signing the page.
487	Phone number	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
402	Name of Certifier's Employer		35	AN	Name of employer of person signing the page.
489	Certifier's Relationship to Tank Owner	01 = tank owner 02 = tank operator 03 = contractor 04 = property owner 05 = other authorized agent of tank owner.	2	AN	Relationship of person signing the page to the UST owner.

D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
490-1	Type of Action	01 = New plan 02 = Change of Information	2	AN	Reason page is being submitted.
490-2	Plan Type		25	AN	Describes the tanks the plan is for.
490-3a	Monitoring Equipment is serviced.	01 = Annually 99 = Other	2	AN	Describes frequency of service performed on monitoring equipment.
490-3b	Specify other frequency for monitoring equipment service.	Narrative	15	AN	Describes other frequency of service performed on monitoring equipment.
490-4	Site Plot Plan Submitted	1=New Plan Submitted 2=Site Plan Previously Submitted	1		Indicates if a site plan is submitted with this plan or a previously submitted site plan is current for the facility.
490-5	Continuous Electronic Tank Monitoring:	Y or N	1		Indicates if continuous tank monitoring is used at the site.
490-6	Tank Secondary Containment System	01 = Dry 02 = Liquid Filled 03 = Pressurized 04 = Under Vacuum	2	AN	Description of Tank secondary containment system.
490-7	Electronic Monitor Panel Manufacturer		25	AN	Name of electronic monitor panel manufacturer.
490-8	Electronic Monitor Panel Model #		10	AN	Model number of electronic monitor panel.
490-9	Leak Sensor Manufacturer		20	AN	Name of Leak Sensor Manufacturer.
490-10	Leak Sensor Model #		10	AN	Model Number of Leak Sensor.
490-11	Automatic Tank Gauging	Y or N	1	AN	Indicates if this type of monitoring is being performed at the site.
490-12	ATG Panel Manufacturer		25	AN	Name of ATG Panel Manufacturer
490-13	ATG Model #		25	AN	Model of ATG Panel.
490-14	In-Tank Probe Manufacturer		25	AN	Name of ATG Probe manufacturer.
490-15	In-tank Probe Model #		25	AN	Model of ATG Probe.
490-16	Tank Leak Test Frequency	01 = Continuous 02 = Daily/Nightly 03 = Weekly 04 = Monthly 99 = Other	2	AN	Frequency of Tank Leak Test.
490-17	Specify Other Leak Test Frequency	Narrative	10	AN	Other Frequency of Tank Leak Test.

D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
490-18	Programmed Tank Tests	01 = .01 gph 02 = .2 gph 99 = Other	2	AN	Sensitivity of the programmed leak tests.
490-19	Other Programmed Tests.	Narrative	15	AN	Other designated sensitivity of programmed leak test.
490-20	Monthly Statistical Inventory Reconciliation	Y or N	1		Indicates if inventory reconciliation is being performed at the site.
490-21	Weekly Manual Tank Gauge	Y or N	1		Indicates if Weekly Manual Tank Gauging if being performed at this site.
490-22	Tank gauging Test Period	01 = 36 hours 02 = 60 hours	1		Length of time for Manual Tank Gauging period.
490-23	Tank Integrity testing	Y or N	1		Indicates if Tank Integrity testing is performed at the site.
490-24	Tank integrity Testing Frequency	01 = Annually 02 = Biennially 99 = Other	1		Frequency of Tank Integrity Testing
490-25	Specify Other Tank Integrity Testing Frequency	Narrative	15	AN	Frequency of "Other" Tank Integrity Testing.
490-26	Other Monitoring	Y or N	1		Indicates if another type of monitoring is used at the site, not already indicated.
490-27	Specify other Monitoring.	Narrative	25	AN	Specifies the "other" type of monitoring.
490-28	Continuous monitoring of piping secondary containment	Y or N	1	AN	Indicates if continuous monitoring of the piping secondary containment occurs at the site.
490-29	Piping Secondary Containment	01 = Dry 02 = Liquid-filled 03 = Pressurized 04 = Under Vacuum	1	AN	Type of piping secondary containment
490-30	Panel Manufacturer	Narrative	25	AN	Name of panel manufacturer.
490-31	Panel Model #		15	AN	Model number of panel
490-32	Leak Sensor Manufacturer	Narrative	25	AN	Name of Leak Sensor manufacturer.
490-33	Leak Sensor Model		15	AN	Model of Leak Sensor
490-34	Leak Alarm Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates pump shutdown when a leak alarm occurs.
490-35	Failure/Disconnect Triggers Pump Shutdown	Y or N	1	AN	Indicates pump shutdown when failure or disconnect occurs.
490-36	Mechanical Line Leak Detector Performs 3 gph leak test.	Y or N	1	AN	Indicates that a 3gph line mechanical line leak detector is used at the site.
490-37	MLLD Manufacturer	Narrative	25	AN	Name of leak detector manufacturer.
490-38	MLLD Model		15	AN	Model of leak detector.
490-39	Electronic Line Leak Detector performs 3 gph Leak Test	Y or N	1	AN	Indicates that an electronic line leak detector (ELLD) is used at the site.
490-40	ELLD Manufacturer	Narrative	25	AN	Manufacturer of ELLD
490-41	ELLD Model		15	AN	Model of ELLD.
490-42	ELLD Programmed	01 = .2 gph	1	AN	Type of ELLD Test performed.

D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	in-line testing	02 = .1 gph			
490-43	ELLD Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates if ELLD triggers automatic pump shutdown.
490-44	ELLD Failure/Disconnect triggers Automatic Shutdown.	Y or N	1	AN	Indicates if ELLD triggers auto-shutdown for failure or disconnection.
490-45	Pipeline Integrity Testing	Y or N	1	AN	Indicates if pipeline integrity testing occurs at the site.
490-46	Pipeline Integrity Testing Frequency	01 = Annually 02 = Every 3 Years 03 = Other	2	AN	Frequency of pipeline integrity testing.
490-47	Specify Other Integrity Testing Frequency		10	AN	Other frequency of pipeline integrity testing.
490-48	Visual Pipeline Monitoring	Y or N	1	AN	Indicates if visual pipeline monitoring occurs at the site.
490-49	Visual Pipeline Monitoring Frequency	01 = Daily 02 = Weekly 03 = Minimum Monthly	2	AN	Frequency of visual pipeline monitoring.
490-50	Suction Piping Meets Exemption Criteria	Y or N	1	AN	Indicates if suction piping that meets the criteria is the method to monitor the pipeline.
490-51	No Regulated Piping Per HSC Chapter 6.7 Is Connected To The Tank System	Y or N	1	AN	Indicates that any piping connected to the tank system is not regulated, or there is none.
490-52	Other Pipeline Monitoring	Y or N	1	AN	Indicates if other pipeline monitoring option used at site.
490-53	Specify Other Monitoring	Narrative	25	AN	Identifies other monitoring option.
490-54a	UDC Monitoring	1 = Continuous 2 = Float and Chain Assembly 3 = Electronic Stand-alone 4 = No Dispensers 99 = Other	2	AN	Indicates type of UDC monitoring.
490-54b	Specify Other UDC Monitoring	Narrative	15	AN	Indicates type of other UDC monitoring.
490-55	Panel Manufacturer	Narrative	15	AN	Manufacturer of Panel.
490-56	Model # of Panel		15	AN	Model # of Panel.
490-57	Leak Sensor Manufacturer	Narrative	15	AN	Manufacturer of Leak Sensor.
490-58	Model of Leak Sensor		15	AN	Model # of Leak Sensor
490-59	Detection of a leak into the UDC triggers audible and visual alarms	Y or N	1	AN	Indicates if alarms are trigged when a leak is detected in the UDC.
490-60	UDC leak alarm triggers automatic pump shutdown.	Y or N	1	AN	Indicates if leak alarm causes automatic pump shutdown.
490-61	Failure/Disconnection of UDC monitoring system triggers automatic pump shutdown	Y or N	1	AN	Indicates if failure or disconnection of the monitoring system causes pump shutdown.
490-62	Monitoring stops the	Y or N	1	AN	Indicates if the UDC monitor stops the flow of

D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	flow of product at the dispenser.				product at the dispenser.
490-63	UDC Construction	1 = Single-walled 2 = Double-walled	1	AN	Manufacturer of mechanism. Indicates the type of UDC construction.
490-64a	UDC Secondary Containment Monitoring	01 = Liquid 02 = Pressure 03 = Vacuum	1	AN	Type of UDC Secondary Containment Monitoring.
490-64b	A Leak Within the Secondary Containment of the UDC causes audible and visual alarms.	Y or N	1	AN	Indicates that a leak in the UDC secondary containment causes audible and visual alarms.
490-65	ELD Testing	Y or N	1	AN	Indicates if tanks are ELD tested on a periodic basis.
490-66	Secondary Containment Testing	Y or N	1	AN	Indicates if secondary containment testing is conducted every 36 months.
490-67	Spill bucket testing	Y or N	1	AN	Indicates if spill bucket testing is conducted annually.
490-68a	Alarm Logs	Y or N	1	AN	Indicates that Alarm log records are kept for the facility.
490-68b	Visual Inspection Records	Y or N	1	AN	Indicates that Visual Inspection Records are kept for the facility.
490-68c	Tank Integrity Testing Results	Y or N	1	AN	Indicates that Tank Integrity Testing Results are kept for the facility.
490-68d	SIR testing results	Y or N	1	AN	Indicates that SIR testing results and supporting documentation records are kept for the facility.
490-68e	Tank Gauging results	Y or N	1	AN	Indicates that Tank Gauging results and supporting documentation records are kept for the facility.
490-68f	ATG Testing Results	Y or N	1	AN	Indicates that ATG Testing Results and supporting documentation records are kept for the facility.
490-68g	Corrosion Protection Logs	Y or N	1	AN	Indicates that Corrosion Protection Logs are kept for the facility.
490-68h	Equipment maintenance and calibration records	Y or N	1	AN	Indicates that Equipment maintenance and calibration records are kept for the facility.
490-69a	Personnel with UST monitoring responsibilities are familiar with training documents	Y or N	1	AN	Indicates that personnel within the facility is familiar with the indicated documents.
490-69b	UST monitoring plan	Y or N	1	AN	Indicates that facility personnel is familiar with the UST monitoring plan for the facility.
490-69c	Operating manuals	Y or N	1	AN	Indicates that facility personnel is familiar with the UST operating manuals for the facility.
490-69d	CA UST Regulations	Y or N	1	AN	Indicates that facility personnel is familiar with the CA UST Regulations.
490-69e	CA UST Law	Y or N	1	AN	Indicates that facility personnel is familiar with the CA UST Law.
490-69f	SWRCB Handbook for Tank Owners-Manual and SIR	Y or N	1	AN	Indicates that facility personnel is familiar with the SWRCB Handbook for Tank Owners-Manual and SIR.
490-69g	SWRCB Publication: Understanding Automatic Tank Gauging Systems	Y or N	1	AN	Indicates that facility personnel is familiar with the SWRCB Publication: Automatic Tank Gauging Systems.
490-69h	Other	Y or N	1	AN	Indicates that another training documents are used.
490-69i	Specify Other	Narrative	30	AN	Other Training documents are listed.

D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA/CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
490-70	Designated Operator Training	Y or N	1	AN	Indicates that the facility has a designated operator and that training will provided.
490-71	Comments and Additional Information	Narrative	150	AN	Additional information to support the application for an operating permit.
490-72	Name of first person having responsibility		25	AN	Name of first person having responsibility for monitoring.
490-73	Title of first person having responsibility		25	AN	Title of first person having responsibility for monitoring.
490-74	Name of second person having responsibility		25		Name of second person having responsibility for monitoring.
490-75	Title of second person having responsibility		25	AN	Title of second person having responsibility for monitoring.
490-76	Signature Representation	01 = Tank Owner/Operator 02 = Facility Owner/Operator 03 = Authorized Representative of Owner	2	AN	Indicates who signed the monitoring plan.
490-77	Date	YYYYMMDD	8	AN	Date Monitoring Plan is certified.
490-78	Applicant Name		25	AN	Name of Applicant signing monitoring plan.
490-79	Applicant Title		25	AN	Title of Applicant signing monitoring plan.

Chapter 4 – Hazardous Waste

Title 27, division 3, subdivision 1, chapter 4, C., Information Description -- Permit by Rule (PBR) Waste and Treatment Process Combinations

INFORMATION DESCRIPTION -- Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.

IV. HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations					
ID	ELEMENT	EDIT CRITERIA/ CODE	LENGTH	TYPE	INFORMATION DESCRIPTION
606	Unit ID Number		18	AN	Unique identification number for unit. The units can be numbered sequentially or by any other system as long as the numbers are not repeated or duplicated.
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.

INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.				
ID	ELEMENT	EDIT CRITERIA/ CODE	LENGTH	TYPE
630-1a	Aqueous Waste - Hexavalent Chromium Reduction	Y or N	1	AN
630-2a	Aqueous Waste w/Metals - pH Adjustment / Neutralization	Y or N	1	AN
630-2b	Aqueous Waste w/Metals - Precipitation or Crystallization	Y or N	1	AN
630-2c	Aqueous Waste w/Metals - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-2d	Aqueous Waste w/Metals - Ion Exchange	Y or N	1	AN
630-2e	Aqueous Waste w/Metals - Reverse Osmosis	Y or N	1	AN
630-2f	Aqueous Waste w/Metals - Metallic Replacement	Y or N	1	AN
630-2g	Aqueous Waste w/Metals - Plating onto an Electrode	Y or N	1	AN
630-2h	Aqueous Waste w/Metals - Electrodialysis	Y or N	1	AN
630-2i	Aqueous Waste w/Metals - Electrowinning or Electrolytic Recovery	Y or N	1	AN
630-2j	Aqueous Waste w/Metals - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-2k	Aqueous Waste w/Metals - Evaporation	Y or N	1	AN
630-2l	Aqueous Waste w/Metals - Adsorption	Y or N	1	AN
630-3a	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-3b	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Adsorption	Y or N	1	AN
630-3c	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Distillation	Y or N	1	AN
630-3d	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Biological Process Using Microorganisms	Y or N	1	AN
630-3e	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Photodegradation in Enclosed System	Y or N	1	AN

630-3f	Aqueous Waste w/Organics (<1% Volatiles) - Air Stripping or Steam Stripping	Y or N	1	AN

IV. HAZARDOUS WASTE
C. Onsite Tiered Permitting - Waste and Treatment Process Combinations

INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations: These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.

ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-4a	Sludges, Dusts, Solids w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-4b	Sludges, Dusts, Solids w/Metal(s) - Grind, Shred, Crush, or Compact	Y or N	1	AN
630-4c	Sludges, Dusts, Solids w/Metal(s) - Drying to Remove Water	Y or N	1	AN
630-4d	Sludges, Dusts, Solids w/Metal(s) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-5a	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-5b	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Drying to Remove Water	Y or N	1	AN
630-5c	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6a	Special Waste (Sec. 66261.120) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-6b	Special Waste (Sec. 66261.120) - Drying to Remove Water	Y or N	1	AN
630-6c	Special Waste (Sec. 66261.120) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6d	Special Waste (Sec. 66261.120) - Screening Based on Size	Y or N	1	AN
630-6e	Special Waste (Sec. 66261.120) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-7a	Special Waste (Sec. 66261.124) - Chemical Stabilization Using Silicates or Ceme titious Reactions	Y or N	1	AN
630-7b	Special Waste (Sec. 66261.124) - Drying to Remove Water	Y or N	1	AN
630-7c	Special Waste (Sec. 66261.124) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-7d	Special Waste (Sec. 66261.124) - Magnetic Separation	Y or N	1	AN
630-8a	Inorganic Acid/Alkaline Waste - pH Adjustment / Neutralization	Y or N	1	AN
630-9a	Soils w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-9b	Soils w/Metal(s) - Separation by Size	Y or N	1	AN
630-9c	Soils w/Metal(s) - Magnetic Separation	Y or N	1	AN
630-10a	Used Oil, Mixed Oil, Oily Water, Oil/W Sludges - Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-10b	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Distillation	Y or N	1	AN
630-10c	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Neutralization	Y or N	1	AN

IV. HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations				
INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.				
ID	**ELEMENT**	**EDIT CRITERIA / CODE**	**LENGTH**	**TYPE**
630-10d	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-10e	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Reverse Osmosis	Y or N	1	AN
630-10f	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Biological Process Using Microorganisms	Y or N	1	AN
630-11a	Containers (< 110 Gallons) or Liners - Rinsing with Liquid	Y or N	1	AN
630-11b	Containers (< 110 Gallons) or Liners - Crush, Shred, Grind, or Puncture	Y or N	1	AN
630-12a	Multi-component Resins - Mixing per Manufacturer's Instructions	Y or N	1	AN
630-13	Wastestream & Treatment Technology Combination Certified by DTSC per HSC 25200.1.5	Valid Certified Technology Number	10	AN

Chapter 5 – UP Information Collection and Reporting Standards Unified Program Data Dictionary

Title 27, division 3, subdivision 1, chapter 5. UP Information Collection and Reporting Standards
Unified Program Data Dictionary - CUPA Section

1. COMPLIANCE ACTIVITY INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number should start with the letters CA. If the handler is regulated under Federal RCRA requirements, this ID must be the U.S. EPA identification number.
3	Business Name	Postal standard: 2 lines, 35 character	70	AN	Full legal name of business.
900	RCRA Large Quantity Generator (LQG) of Hazardous Waste	Y or N	1	AN	Indicates if facility generates 1000 kg of RCRA hazardous waste in a calendar month. Identification is based on the business notification of LQG activity to U.S. EPA. If the designation is incorrect, the CUPA cannot change the designation unless the business notifies U.S. EPA.
901	Generator of Solely California Hazardous Waste	Y or N	1	AN	Indicates if facility generates solely California hazardous waste and does not generate any RCRA waste.
902	CalARP Program: Stationary Source	Y or N	1	AN	Indicates if facility is a stationary source as defined by the CalARP program.
903	CalARP Program: Multiple Stationary Sources	Y or N	1	AN	Indicates if business operates multiple locations in this CUPA jurisdiction that are stationary sources as defined by the CalARP program.
904	CalARP Program: RMP Waiver Determination	Y or N	1	AN	Indicates if the CUPA has waived the requirement for a Risk Management Plan for this stationary source (a RMP waiver).

2. INSPECTION INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator	1	AN	Program elements inspected. For Tiered Permitting options enter the highest tier.

		f = Hazardous Waste RCRA Large Quantity Generator (RCRA LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) i = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW)			
906	Inspection Date	YYYYMMDD	8	D	Date of completion of inspection.
907	Inspection Type	a = Routine b = Other	1	AN	Indicates if inspection is routine or other. A routine inspection is a regularly scheduled inspection to evaluate compliance. Does not include follow-up inspections. Other inspections include complaint investigations, closure, release investigations, tank installation and/or removal oversight, tank cleaning, and follow-up enforcement inspections, or other inspections that may be in addition to a regularly scheduled inspection. This includes verification inspections for owners/operators of aboveground storage tanks having to prepare a spill prevention control and countermeasure plan. It does not include regularly scheduled inspections, field or site visits whose principle purpose is informational or educational, pollution prevention education, or visits needed to verify administrative information or orient new owners or operators. A complaint inspection is a service request originating from any outside party, including the public, that initiates a site visit outside of the routine inspection cycle.
909	Pct RTC 90		3	N	Percent (whole number) of routine inspections with Class I or Class II Violations that Returns to Compliance within 90 Days.
910	Number of Class I Violations		2	N	A Class I violation means a deviation that represents a significant threat to human health or safety or the environment because of the volume of the material, the relative hazardousness of the material, or the proximity of the population at risk. The deviation must be significant enough that it could result in releases of material to the environment, material failing to be delivered to an authorized facility, failure to detect releases of material, inadequate financial resources in the case of releases of material, or inadequate financial resources to pay for facility closure, perform emergency cleanup operations or other corrective actions. A Class I violation is also a deviation that is a chronic violation or committed by a recalcitrant violator. A Class I violation is typically one that is could be referred to the District Attorney or City Attorney for formal enforcement action. Sanctions are typically imposed for failure to correct the violation. Class I violations are defined in the Health and Safety Code (HSC) section 25110.8.5.
911	Number of Class II Violations		2	N	A Class II violation means a deviation that is not a Class I violation. This count includes violations which would be considered minor, but are knowing, willful, or intentional, or enable the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. Do not include minor violations in this count. Class II violations are defined in 22 California Code of Regulations (CCR) 66260.10.

912	Number of Minor Violations		2	N	A minor violation means a deviation from any regulation, standard, requirement, or permit condition, that is not a Class I violation. Exclude from this count all violations where the violation is knowing, willful, or intentional, or enables the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. These are counted as Class II violations. Also exclude any violation that is a chronic violation or that is committed by a recalcitrant violator, since these are counted as Class I violations
913a	Significant Operational Compliance	a = with only release detection b = with only release prevention c = with both release detection and release prevention d = No Significant Operational Compliance	1	AN	Indicates if facility contains significant operational compliance criteria for release detection, release prevention, or both based on the inspection.
913b	Red Tag Issued	Y or N	1	AN	Indicates if a red tag was issued.
913c	Red Tag Number		5	AN	Identification Number of the Red Tag affixed at the facility. If the tag # is only four digits, insert a zero (0) before the first number: 0xxxx.
913d	Violations Causing Red Tag	1= violation threatening/causing liquid release. 2=violation impairing ability of UST system to detect a leak. 3=chronic violation or committed by recalcitrant violator.	1	AN	Reason for affixing the red tag. Must be a significant violation.
913e	Date Red Tag Affixed	YYYYMMDD	8	D	Date Red Tag affixed to the fill pipe.
913f	Date Red Tag Removed	YYYYMMDD	8	D	Date Red Tag removed.
914	Type of Enforcement Action	a = Notice of Violation (NOV) Only b = AEO - Local Ordinance c = AEO - UP d = Referral to State Attorney General e = Referral to District Attorney f = Referral to County Council or City Attorney g = Referral to US Attorney h = Referral to State Agency I = Referral to Federal Agency j = Referral to Other	1	AN	A notice of violation (NOV) is an informal enforcement action taken by a CUPA. A NOV is written documentation that informs a business of non-compliance and establishes a date by which the non-compliance is to be corrected. A CUPA takes formal enforcement action on non-compliant businesses by Initiating administrative enforcement orders and/or referring the case to the State Attorney General, District Attorney, County Council or City Attorney, US Attorney, State Agency, Federal Agency, or other. A formal enforcement action mandates return to compliance by imposing punitive and criminal penalties to businesses that fail to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.
917	Date Returned to Compliance	YYYYMMDD	8	D	Date physical compliance was determined by the CUPA for all violations identified during the inspection. This may not be based on a site visit, but is the date compliance was verified. It may be based on correspondence received from the regulated business.
917a	Date a Referred Case Settled or Dropped	YYYYMMDD	8	D	Date a referred case is settled or dropped. No date means that the case is open.

3. ENFORCEMENT INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator f = Hazardous Waste Large Quantity Generator (LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) I = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW) - Fixed	2	AN	Program elements inspected. For Tiered Permitting options enter the highest tier. See Summary Report 3 and 4 for instructions for further information concerning the definition and relationships of the various hazardous waste program elements.
915	Date of Enforcement Action	YYYYMMDD	8	D	Date the enforcement action is taken. The date of enforcement action is the date the violation is referred to the DA (for AEOs the date of the final order would be used). If more than one enforcement action is taken, the type and date of each action should be recorded.
916	Type of Formal Enforcement Action	a = Administrative b = Civil c = Criminal d = Civil/Criminal	1	AN	Type of formal enforcement action.
918	Docket Number		13	AN	Number assigned by the court for civil and criminal actions.
919	Final Fine or Penalty Assessed		8	AN	Dollar amount of fine or penalty assessed. This is the final monetary penalty or fine assessed via court or administrative order, or the amount agreed upon in a formal legal settlement. It is based on the value of fines / penalties excluding costs. Round to nearest whole number. Do not use decimal places. Note the fine or penalty is by program element for each enforcement action at each facility, when available. Does not include Supplemental Environmental Projects (SEPs).
920	Supplemental Environmental Projects Value		8	AN	Dollar amount/value of SEPs.
921	Significant Non-Complier	Y or N	1	AN	Only applies to RCRA hazardous waste facilities. SNC is defined under federal rules.

Chapter 6 – Unified Program Consolidated Forms

- Business Activities
- Business Owner/Operator Identification
- Hazardous Materials
- Underground Storage Tanks:
  Facility Information
- Underground Storage Tanks:
  Tank Information
- Underground Storage Tank:
  Certification of Installation/Modification
- Underground Storage Tank:
  Monitoring Plan
- On-site Tiered Permitting:
  Permit by Rule Page

Chapter 6 – Unified Program Consolidated Forms

Business Activities

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	1	EPA ID # (Hazardous Waste Only) 2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3		
BUSINESS SITE ADDRESS 103		
BUSINESS SITE CITY 104	CA	ZIP CODE 105

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility…		If Yes, please complete these pages of the UPCF….
A. HAZARDOUS MATERIALS Have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☐ YES ☐ NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	☐ YES ☐ NO 4a	Coordinate with your local agency responsible for CalARP.
C. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	☐ YES ☐ NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)
D. ABOVE GROUND PETROLEUM STORAGE Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	☐ YES ☐ NO 8	NO FORM REQUIRED TO CUPAs
E. HAZARDOUS WASTE Generate hazardous waste?	☐ YES ☐ NO 9	EPA ID NUMBER – provide at the top of this page
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☐ NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on-site?	☐ YES ☐ NO 11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☐ NO 12	CERTIFICATION OF FINANCIAL ASSURANCE
Consolidate hazardous waste generated at a remote site?	☐ YES ☐ NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	☐ YES ☐ NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.	☐ YES ☐ NO 14a	Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.
Household Hazardous Waste (HHW) Collection site?	☐ YES ☐ NO 14b	See CUPA for required forms.

F. LOCAL REQUIREMENTS 15

(You may also be required to provide additional information by your CUPA or local agency.)

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory - Chemical Description pages for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information). Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters □CA□. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms □Facility Name□ or □DBA - Doing Business As□ that might have been used in the past.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.

104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.

105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.

4. HAZARDOUS MATERIALS –

Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:

- It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
- It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
- Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page and the Hazardous Materials Inventory - Chemical Description page, as well as an Emergency Response Plan and Training Plan.

Do not answer □YES□ to this question if you exceed only a local threshold, but do not exceed the state threshold.

4a. REGULATED SUBSTANCES – Refer to www.oes.ca.gov, hazardous materials, CalARP guidance documents for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.

5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If □YES□, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT Subject to the Act (exemptions):

   An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt:
   - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
   - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
   - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
   - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. RECYCLE - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC 25143.2. Check □YES□ and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check □NO□ if you only send recyclable materials to an offsite recycler. You do not need to report.
11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of □treatment□ for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer □YES□ if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
   - Your knowledge of the tank and its contents
   - Testing of the tank
   - Inability to remove hazardous materials stored in the tank.
   - The mixture rule
   - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.

   If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.

14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.

14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.

15. LOCAL REQUIREMENTS - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.

Chapter 6 – Unified Program Consolidated Forms

Business Owner/Operator Identification

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID# 1		BEGINNING DATE 100	ENDING DATE 101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3		BUSINESS PHONE 102	
BUSINESS SITE ADDRESS 103		BUSINESS FAX 102a	
BUSINESS SITE CITY 104	CA	ZIP CODE 105	COUNTY 108
DUNN & BRADSTREET 106		PRIMARY SIC 107	PRIMARY NAICS 107a
BUSINESS MAILING ADDRESS 108a			
BUSINESS MAILING CITY 108b		STATE 108c	ZIP CODE 108d
BUSINESS OPERATOR NAME 109		BUSINESS OPERATOR PHONE 110	

II. BUSINESS OWNER

OWNER NAME 111		OWNER PHONE 112	
OWNER MAILING ADDRESS 113			
OWNER MAILING CITY 114		STATE 115	ZIP CODE 116

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117		CONTACT PHONE 118	
CONTACT MAILING ADDRESS 119		CONTACT EMAIL 119a	
CONTACT MAILING CITY 120		STATE 121	ZIP CODE 122

IV. EMERGENCY CONTACTS

-PRIMARY-		-SECONDARY-	
NAME 123		NAME 128	
TITLE 124		TITLE 129	
BUSINESS PHONE 125		BUSINESS PHONE 130	
24-HOUR PHONE 126		24-HOUR PHONE 131	
PAGER # 127		PAGER # 132	

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE 134	NAME OF DOCUMENT PREPARER 135
NAME OF SIGNER (print) 136		TITLE OF SIGNER 137	

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description pages for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.
(Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.)
Please number all pages of your submittal. This helps Unified Program Agency (UPA) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – Leave this blank. This number is assigned by the UPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the doing business as name.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
102a. BUSINESS FAX – Enter the business fax number, area code first.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET – If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or on the web at www.dnb.com.
107. SIC NUMBER - Enter the primary Standard Industrial Classification System Number. Required for EPCRA.
107a. NAICS NUMBER - Enter the primary North American Industrial Classification System Number.
108. COUNTY - Enter the county in which the business site is located.
108a. BUSINESS MAILING ADDRESS – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
108d. ZIP CODE - Enter the zip code for the business mailing address. The extra 4 digit zip may also be added.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address, if different from business mailing address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address, if different from business mailing address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, who receives all environmental correspondence.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, for the environmental contact, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
119a CONTACT EMAIL – Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative to be contacted in case there is an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for UPA to collect any additional information necessary to meet the requirements of their individual programs. Contact UPA for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

Chapter 6 – Unified Program Consolidated Forms

Hazardous Materials

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD ☐ DELETE ☐ REVISE 200 Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL EPCRA 202 ☐ YES ☐ NO

FACILITY ID # 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☐ No 206 If Subject to EPCRA, refer to instructions

COMMON NAME 207 | EHS* ☐ Yes ☐ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐ Yes ☐ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) 216 ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220

UNITS* (Check one item only) 221 ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS * If EHS, amount must be in pounds. | DAYS ON SITE: 222

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

STORAGE PRESSURE 224 ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE 225 ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☐ No 228	229
2 230	231	☐ Yes ☐ No 232	233
3 234	235	☐ Yes ☐ No 236	237
4 238	239	☐ Yes ☐ No 240	241
5 242	243	☐ Yes ☐ No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC §25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
203. MAP NUMBER - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER - If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the ACOMMON NAME" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	**Acute Health (Immediate):** Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	**Chronic Health (Delayed):** Carcinogens, other hazardous chemicals with an adverse effect with long term exposure

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION - This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Facility Information

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION

(One form per facility)

TYPE OF ACTION (Check one item only) 400.
☐ 1. NEW PERMIT ☐ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE
☐ 3. RENEWAL PERMIT ☐ 6. TEMPORARY FACILITY CLOSURE ☐ 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404.

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103. | CITY 104.

FACILITY TYPE 403.
☐ 1. MOTOR VEHICLE FUELING ☐ 2. FUEL DISTRIBUTION
☐ 3. FARM ☐ 4. PROCESSOR ☐ 6. OTHER

Is the facility located on Indian Reservation or Trust lands? ☐ Yes ☐ No 405.

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. | PHONE 408. ( )

MAILING ADDRESS 409.

CITY 410. | STATE 411. | ZIP CODE 412.

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1. | PHONE 428-2 ( )

MAILING ADDRESS 428-3

CITY 428-4 | STATE 428-5 | ZIP CODE 428-6

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. | PHONE 415. ( )

MAILING ADDRESS 416.

CITY 417. | STATE 418. | ZIP CODE 419.

OWNER TYPE: 420.
☐ 4. LOCAL AGENCY/DISTRICT ☐ 5. COUNTY AGENCY ☐ 6. STATE AGENCY
☐ 7. FEDERAL AGENCY ☐ 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 423
☐ 1. FACILITY OWNER ☐ 4. TANK OPERATOR
☐ 3. TANK OWNER ☐ 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE | DATE 424. | PHONE 425. ( )

APPLICANT NAME (print) 426. | APPLICANT TITLE 427

UST Operating Permit Application – Facility Information Page 1 Instructions
(Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan; a UST Response Plan; and, for USTs containing petroleum, a Certification of Financial Responsibility for Underground Storage Tanks Containing Petroleum.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME –
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –

Complete items 407 - 412 for the property owner. Include the area code and any extension number.

428-1. TANK OPERATOR NAME –
428-2. TANK OPERATOR PHONE –
428-3. TANK OPERATOR MAILING ADDRESS –
428-4. TANK OPERATOR CITY –
428-5. TANK OPERATOR STATE –
428-6. TANK OPERATOR ZIP CODE –

Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.

414. TANK OWNER NAME –
415. TANK OWNER PHONE –
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –

Complete items 414 - 419 for the UST owner. Include the area code and any extension number.

420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423a. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.

APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:

- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
- If the UST(s) is/are owned by a corporation, partnership, or public agency:
  1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
  2.) A general partner or proprietor; or
  3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.

424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Tank Information

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

TYPE OF ACTION (Check one item only. For a UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430

☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☐ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a | DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 1 2 — 3 — 4 5

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3

BUSINESS SITE ADDRESS 103 | CITY 104

II. TANK DESCRIPTION

TANK ID # 432 | TANK MANUFACTURER 433 | TANK CONFIGURATION: THIS TANK IS 434
☐ 1. A STAND-ALONE TANK
☐ 2. ONE IN A COMPARTMENTED UNIT.
Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435 | TANK CAPACITY IN GALLONS 436 | NUMBER OF COMPARTMENTS IN THE UNIT 437

III. TANK USE AND CONTENTS

TANK USE 439
☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS 440
PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS
☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b

IV. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 95. UNKNOWN 443

PRIMARY CONTAINMENT 444
☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT 445
☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a.

OVERFILL PREVENTION 452.
☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION ☐ 1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED ☐ 99. OTHER 460

SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. GRAVITY ☐ 3. CONVENTIONAL SUCTION ☐ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458

PRIMARY CONTAINMENT 464
☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER(Specify): 464a

SECONDARY CONTAINMENT 464b
☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c

PIPING/TURBINE CONTAINMENT SUMP TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464d

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464e 464e1
VENT SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464f 464f1
VR PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464g 464g1
VR SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464h 464h1
VENT PIPING TRANSITION SUMP TYPE	☐ 1. SINGLE WALL		☐ 2. DOUBLE WALL	☐ 90. NONE		464i.
RISER PRIMARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464j 464j1
RISER SECONDARY CONTAINMENT	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 90. NONE	☐ 99. OTHER (Specify)	464k 464k1

FILL COMPONENTS INSTALLED ☐ 1. SPILL BUCKET ☐ 3. STRIKER PLATE/BOTTOM PROTECTOR ☐ 4. CONTAINMENT SUMP 451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	☐ 1. SINGLE WALL	☐ 2. DOUBLE WALL	☐ 20. NO DISPENSERS	☐ 90. NONE	469a
CONSTRUCTION MATERIAL	☐ 1. STEEL	☐ 4. FIBERGLASS	☐ 10. RIGID PLASTIC	☐ 99. OTHER (Specify)	469b-c

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION ☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☐ 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE | DATE 470.

APPLICANT NAME (print) 471. | APPLICANT TITLE 472.

UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwrc-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # –Applicant may enter the owner's tank identification number or leave this space blank. The Local Agency will assign the State tank identification number as the unique identifier for the UST system.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. TANK CONFIGURATION. Check the appropriate box to indicate if the tank is a stand-alone tank or one in a compartmented unit. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF TANK COMPARTMENTS IN THE UNIT: If the tank is a compartment, enter the total number of compartments in the unit.
439. TANK USE – Check the type of tank usage.
439a. If you checked "Other" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
440a. If you checked "Other Petroleum" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
440b. If you checked "Other" under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
444a. If you checked "Other" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).
445a. If you checked "Other" specify the type of secondary containment in the space provided.
452 OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
460. PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other".
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
464a. If you checked "Other" specify the type of primary containment in the space provided.
464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."
464c. If you checked "Other" specify the type of secondary containment in the space provided.
464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
464e-e1 VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464f-f1 VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
464g-g1 VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.
464h-h1 VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "None" if not present.
464j-j1 RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
464k-k1 RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".
469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
469c. If you checked "Other" specify the construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Certification of Installation/Modification

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK

CERTIFICATION OF INSTALLATION / MODIFICATION

(One form per project.)

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* 1.

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

BUSINESS SITE ADDRESS 103.

CITY 104.

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

TYPE OF PROJECT (Check all that apply) 483a.

- ☐ 1. TANK INSTALLATION OR REPLACEMENT
- ☐ 2. PIPING INSTALLATION OR REPLACEMENT
- ☐ 3. SUMP INSTALLATION OR REPLACEMENT
- ☐ 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT
- ☐ 5. OTHER

WORK AUTHORIZED UNDER PERMIT (Number or Date): 483b.

DESCRIPTION OF WORK BEING CERTIFIED: 483c

III. CONTRACTOR INFORMATION

NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION 482a.

CONTRACTOR LICENSE # 482b.

ICC CERTIFICATION # 482c.

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system installations.

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

DATE 484.

PHONE 487.
( )

CERTIFIER'S NAME (print) 485

CERTIFIER'S TITLE: 486.

NAME OF CERTIFIER'S EMPLOYER (DBA) 488

CERTIFIER'S RELATIONSHIP TO TANK OWNER 489.

- ☐ 1. TANK OWNER
- ☐ 2. TANK OPERATOR
- ☐ 3. CONTRACTOR
- ☐ 4. PROPERTY OWNER
- ☐ 5. OTHER AUTHORIZED AGENT OF TANK OWNER

UST Certification of Installation / Modification Form Instructions

This Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the name of the contractor who performed the work as registered with the Contractors State License Board (CSLB).
482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).
482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) "UST Installation/Retrofitting" certification number possessed by the contractor.
483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).
483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.
483c.. DESCRIPTION OF WORK BEING CERTIFIED – In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., "Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.").

SIGNATURE OF TANK OWNER OR OWNER'S AGENT – The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED – Enter the date the form was signed.
485. CERTIFIER'S NAME – Enter the full printed name of the person signing the form.
486. CERTIFIER'S TITLE – Enter the title of the person signing the form.
487. PHONE – Enter the phone number of the person signing the certification. Include the area code and any extension number.
488. NAME OF CERTIFIER'S EMPLOYER – Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note "N/A" (Not Applicable) in this space.
489. CERTIFIER'S RELATIONSHIP TO TANK OWNER – Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Monitoring Plan

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN – (Page 1 of 2)

TYPE OF ACTION ☑ 1. NEW PLAN ☐ 2. CHANGE OF INFORMATION 490-1

PLAN TYPE (Check one item only) ☐ 1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2
☐ 2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): _____

I. FACILITY INFORMATION

FACILITY ID # *(Agency Use Only)* | | | – | | | | – | | | | | | | 1

BUSINESS NAME (Same as FACILITY NAME) 3.

BUSINESS SITE ADDRESS 103. | CITY 104.

II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel. (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED ☐ 1. ANNUALLY ☐ 99. OTHER (Specify): 490-3a 490-3b

III. MONITORING LOCATIONS

☐ **1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.** ☐ **2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED. (CCR §2632, 2634)** 490-4

IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):

☐ 1. **CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634)** 490-5

SECONDARY CONTAINMENT IS: ☐ a. DRY ☐ b. LIQUID FILLED ☐ c. PRESSURIZED ☐ d. UNDER VACUUM 490-6

PANEL MANUFACTURER: 490-7. | MODEL #: 490-8

LEAK SENSOR MANUFACTURER: 490-9. | MODEL #(S): 490-10

☐ 2. **AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643)** 490-11

PANEL MANUFACTURER: 490-12. | MODEL #: 490-13

IN-TANK PROBE MANUFACTURER: 490-14. | MODEL #(S): 490-15

LEAK TEST FREQUENCY: ☐ a. CONTINUOUS ☐ b. DAILY/NIGHTLY ☐ c. WEEKLY 490-16
☐ d. MONTHLY ☐ e. OTHER (Specify): _____ 490-17

PROGRAMMED TESTS: ☐ a. 0.1 g.p.h. ☐ b. 0.2 g.p.h. ☐ c. OTHER (Specify): _____ 490-18 490-19

☐ 3. **MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1):** 490-20

☐ 4. **WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645).** TESTING PERIOD: ☐ a. 36 HOURS ☐ b. 60 HOURS 490-21 490-22

☐ 5. **TANK INTEGRITY TESTING (23 CCR §2643.1):** 490-23
TEST FREQUENCY: ☐ a. ANNUALLY ☐ b. BIENNIALLY ☐ c. OTHER (Specify): 490-24 490-25

☐ 99. **OTHER** (Specify): 490-26 490-27

V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

☐ 1. **CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636)** 490-28

SECONDARY CONTAINMENT IS: ☐a. DRY ☐b. LIQUID FILLED ☐c. PRESSURIZED ☐d. UNDER VACUUM 490-29

PANEL MANUFACTURER: 490-30 | MODEL #: 490-31

LEAK SENSOR MANUFACTURER: 490-32 | MODEL #(S): 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN. ☐ a. YES ☐ b. NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-35

☐ 2. **MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636)** 490-36

MLLD MANUFACTURER(S): 490-37 | MODEL #(S): 490-38

☐ 3. **ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636)** 490-39

ELLD MANUFACTURER(S) 490-40. | MODEL #(S): 490-41

PROGRAMMED IN LINE LEAK TEST: ☐ 1. MINIMUM MONTHLY 0.2 g.p.h. ☐ 2. MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO 490-44

☐ 4. **PIPE INTEGRITY TESTING** 490-45
TEST FREQUENCY ☐ a. ANNUALLY ☐ b. EVERY 3 YEARS ☐ c. OTHER (Specify) 490-46 490-47

☐ 5. **VISUAL PIPE MONITORING.** 490-48
FREQUENCY ☐ a. DAILY ☐ b. WEEKLY ☐ c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED* 490-49
* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

☐ 6. **SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)].** 490-50

☐ 7. **NO REGULATED PIPING PER HSC CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM** 490-51

☐ 99. **OTHER** (Specify) 490-52 490-53

UST Monitoring Plan – Page 1 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

490-1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.

490-2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Information Form(s)].

1. FACILITY ID NUMBER – This space is for agency use only.

3. BUSINESS NAME – Enter the complete Facility Name.

103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable This information must provide a means to locate the facility geographically.

104. CITY – Enter the city or unincorporated area in which the facility is located.

490-3a MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.

490-3b Specify Other frequency for monitoring equipment servicing.

490-4 SITE PLAN - Indicate if a site plan/map is submitted with this monitoring plan or if it was submitted previously. Monitoring plans must include a Site Plot Plan/Map showing the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.).

490-5 IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.

490-6 SECONDARY CONTAINMENT– If IV-1 is checked, check the appropriate box to describe the environment inside the tank secondary containment.

490-7 PANEL MANUFACTURER – – If IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).

490-8 MODEL # – If IV-1 is checked, enter the model number for the monitoring system control panel.

490-9 LEAK SENSOR MANUFACTURER — If IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.

490-10 MODEL #(S) – – If IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.

490-11 IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.

490-12 PANEL MANUFACTURER – If IV-2 is checked; enter the name of the manufacturer of the monitoring system control panel (console).

490-13 MODEL # – If IV-2 is checked Enter the model number for the monitoring system control panel.

490-14 IN-TANK PROBE MANUFACTURER – If IV-2 is checked; enter the name of the manufacturer of the probe(s).

490-15 MODEL #(S) – If IV-2 is checked; enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.

490-16. LEAK TEST FREQUENCY – If IV-2 is checked; check the appropriate box to describe the in-tank leak test frequency.

490-17. SPECIFY – If 490-16e is checked, enter the frequency of programmed leak tests.

490-18. PROGRAMMED TESTS – If IV-2 is checked; check the appropriate box to describe the tests programmed into the ATG system.

490-19. SPECIFY – If 490-18c is checked, enter the frequency of in-tank leak testing.

490-20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed .

490-21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.

490-22. TESTING PERIOD – If IV-4 is checked, check the appropriate box to describe the MTG testing period.

490-23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks.

490-24. TEST FREQUENCY – If IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.

490-25. OTHER: If 490-24c is checked, specify other test frequency.

490-26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.

490-27. If IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.

490-28. V-1 CONTINUOUS MONITORING OF PIPING SUMP AND OTHER SECONDARY CONTAINMENT: Indicate if this is the monitoring method used for the piping.

490-29. SECONDARY CONTAINMENT: If V-1 is checked: Check the appropriate box to describe the environment inside piping secondary containment.

490-30. PANEL MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the monitoring system control panel (console).

490-31. MODEL # – If V-1 is checked: enter the model number for the monitoring system control panel.

490-32. LEAK SENSOR MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the sensor(s).

490-33. MODEL #(S) – If V-1 is checked: enter the model number for each type of sensor installed. If additional space is needed, use Section X.

490-34. PIPING LEAK ALARM T RIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.

490-35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.

490-36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.

490-37. MLLD MANUFACTURER(S) – If V-2 is checked: enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.

490-38. MODEL #(s) - If V-2 is checked: Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.

490-39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.

490-40. ELLD MANUFACTURER – If V-3 is checked: Enter the name of the manufacturer of the electronic line leak detector(s).

490-41. MODEL #(S)n - If V-3 is checked; enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.

490-42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked; check the appropriate box to describe the type of tests programmed into the monitoring system.

490-43. ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.

490-44. ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN. – If V-1 is checked, check Yes or No.

490-45. V-4 PIPE INTEGRITY TESTING - Indicate if this monitoring method is used to monitor the pipelines.

490-46. TEST FREQUENCY – If V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.

490-47. SPECIFY – If 490-46-99 is checked, enter the frequency of pipe integrity testing.

490-48. V-5 VISUAL PIPE MONITORING - Indicate if this monitoring method is used to monitor the pipelines.

490-49. If V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.

490-50. SUCTION PIPING MEETS EXEMPTION CRITERIA - Indicate if this monitoring method is used to monitor the pipelines.

490-51. NO REGULATED PIPING PER HSC CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM - Check this box if no piping in the tank system is regulated, or there is no piping.

490-52. V-99 OTHER - Indicate if another method is used for pipeline monitoring.

490-53. SPECIFY – Enter a brief description of the other line monitoring method(s) used. If additional space is needed, see Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
MONITORING PLAN (Page 2 of 2)

VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING

1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD 490-54a 490-54b

☐ 1. CONTINUOUS ELECTRONIC MONITORING ☐ 2. FLOAT AND CHAIN ASSEMBLY ☐ 3. ELECTRONIC STAND-ALONE
☐ 4. NO DISPENSERS ☐ 99. OTHER (Specify):

LEAK MONITOR MANUFACTURER:	490-55	MODEL #:	490-56.
LEAK SENSOR MANUFACTURER:	490-57	MODEL #(S):	490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS	☐ a. YES	☐ b. NO	490-59
UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN	☐ a. YES	☐ b. NO	490-60.
FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.	☐ a. YES	☐ b. NO	490-61
UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.	☐ a. YES	☐ b. NO	490-62

2. UDC CONSTRUCTION IS ☐1. SINGLE-WALLED ☐ 2. DOUBLE-WALLED 490-63

IF DOUBLE WALLED: 490-64a
UDC INTERSTITIAL SPACE IS MONITORED BY: ☐ 1. LIQUID ☐ 2. PRESSURE ☐ 3. VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO 490-64b

VII. PERIODIC SYSTEM TESTING

☐ 1. **ELD TESTING**: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1) 490-65.

☐ 2. **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.** 490-66

☐ 3. **SPILL BUCKETS ARE TESTED ANNUALLY.** 490-67

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☐ Alarm logs 490-68a ☐ Visual Inspection Records 490-68b ☐ Tank integrity testing results 490-68c
☐ SIR testing results (and supporting documentation records). 490-68d ☐ Tank gauging results (and supporting documentation records). 490-68e
☐ ATG Testing results (and supporting documentation records). 490-68f ☐ Corrosion Protection 60-day logs 490-68g
☐ Equipment maintenance and calibration records. 490-68h

IX. TRAINING

☐ Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties. 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☐ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b
☐ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c
☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d
☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e
☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f
☐ SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g
☐ OTHER (Specify): M69h, M69i

☐ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in this UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms. 490-70

X. COMMENTS/ADDITIONAL INFORMATION

Provide additional comments here or attach any additional information on specific monitoring procedures to this plan. 490-71

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for ensuring that: 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly.
The following person(s) are responsible for performing the monitoring and equipment maintenance:

NAME	490-72	TITLE	490-73
NAME	490-74	TITLE	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE	490-76	DATE:	490-77
REPRESENTING: ☐ 1. Tank Owner/Operator ☐ 2. Facility Owner/Operator ☐ 3. Authorized Representative of Owner			
APPLICANT NAME (print):	490-78	APPLICANT TITLE:	490-79

(Agency Use Only) This plan has been reviewed and: ☐ Approved ☐ Approved With Conditions

Local Agency Signature: _____ Date: _____

Comments or Special Conditions:

UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

490-54a. MONITORING OF THE UNDER DISPENSER CONTAINMENT- Indicate the method used for UDC monitoring.
490-54b. SPECIFY-If 99 "Other" is checked, describe other method used.
If VI-1-1, VI-1-2 or VI-1-3 is checked, complete 490-55 to 490-64b.
490-55. PANEL MANUFACTURER –Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
490-56. MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this
space blank.
490-57. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s).
490-58. MODEL #(S) – Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.
490-59. DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No
490-60. UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No
490-61. FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No
490-62. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No.
490-63. UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled.
490-64a. DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space.
490-64b. LEAK WITHIN THE SECONDARY CONTAIMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No
490-65. VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
490-66. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing.
490-67. SPILL BUCKET TESTING - Check the box if you have spill buckets.
490-68a-h. VIII RECORDKEEPING -Indicate which monitoring and equipment maintenance records are maintained for this facility.
490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.
490-69b. MONITORING PLAN: Indicate that this plan is kept as a reference document.
490-69c. OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
490-69d. CA UST REGULATIONS - Indicate that this is kept as a reference document.
490-69e. CA UST LAW - Indicate that this is kept as a reference document.
490-69f. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION - Indicate that this is kept as a reference document.
490-69g. SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS": Indicate that this is kept as a reference document.
490-69h. OTHER - Indicate that other reference documents are kept.
490-69i. SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.
490-70. DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true.
490-71. COMMENTS/ADDITIONAL INFORMATION – You may attach additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
490-72. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
490-73. TITLE - Enter the title of the person.
490-74. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
490-75. TITLE - Enter the title of the second person.
OWNER/OPERATOR SIGNATURE – The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.
490-76. REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.
490-77. DATE – Enter the date the plan was signed.
490-78. APPLICANT NAME – Print or type the name of the person signing the plan.
490-79. APPLICANT TITLE – Enter the title of the person signing the plan.

Chapter 6 – Unified Program Consolidated Forms

On-site Tiered Permitting: Permit by Rule Page

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

PERMIT BY RULE PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply))

Unit ID# 606 Facility ID# 1 Page ___ of 630

1. Aqueous waste containing hexavalent chromium may be treated by the following process:

☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.

2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. pH adjustment or neutralization
☐ b. Precipitation or crystallization
☐ c. Phase separation by filtration, centrifugation, or gravity settling
☐ d. Ion exchange
☐ e. Reverse osmosis
☐ f. Metallic replacement
☐ g. Plating the metal onto an electrode.
☐ h. Electrodialysis.
☐ i. Electrowinning or electrolytic recovery.
☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ k. Evaporation.
☐ l. Adsorption.

3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.

4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.

5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water
☐ c. Phase separation by filtration, centrifugation or gravity settling.

6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.

7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Magnetic separation.

8. Inorganic acid or alkaline wastes may be treated by the following technology:

☐ a. pH adjustment or neutralization.

9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Screening to separate components based on size.
☐ c. Magnetic separation.

10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Distillation.
☐ c. Neutralization
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
☐ e. Reverse osmosis.
☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.

11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.

☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.

12. Multi-component resins may be treated by the following process:

☐ a. Mixing the resin components in accordance with the manufacturer's instructions.

13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

_____ Certified Technology Number

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC §25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW 629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA 630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR 631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.